



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

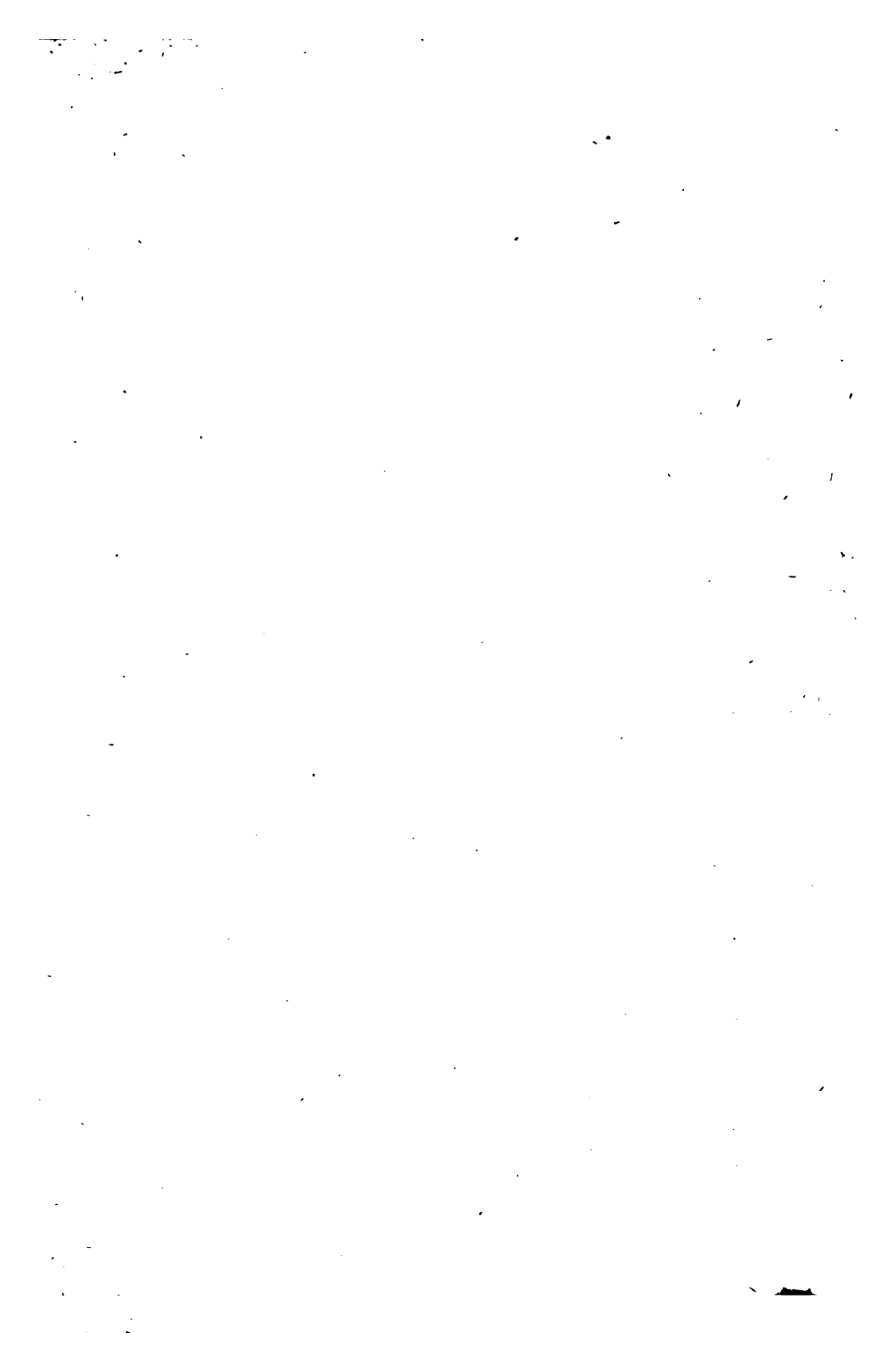
- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

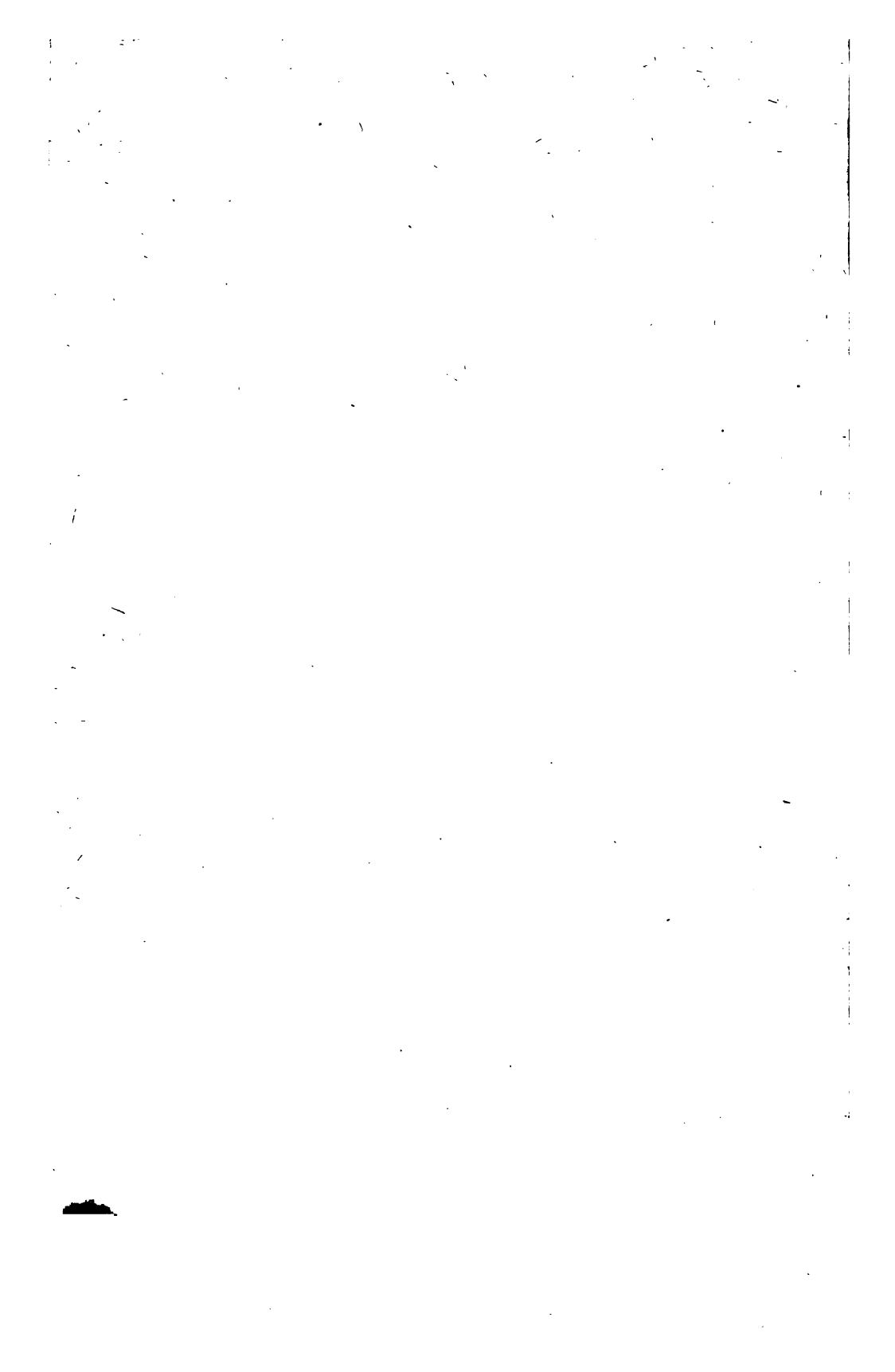
About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

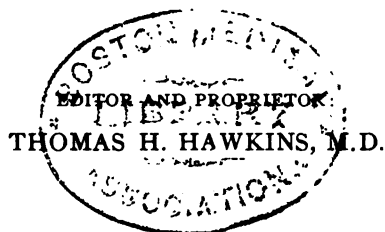
No.

BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.





THE
DENVER MEDICAL TIMES



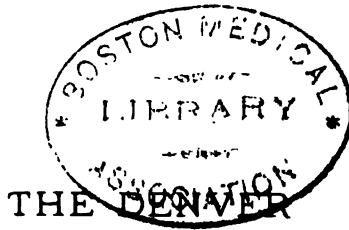
VOLUME IV.

DENVER, COLO.:
MERCHANT PUBLISHING CO., PRINTERS, 220 16TH STREET.
1885.

CONTRIBUTORS TO VOLUME IV.

BLAINE, J. E., M.D.....	Denver, Colo.
CORY, J. B., M.D.....	Denver, Colo.
COLE, SAM'L, M.D.	Denver, Colo.
DAVIS, W. H., M.D.	Denver, Colo.
DUNCAN, JOHN H., M.D.....	Kansas City, Mo.
ENGELMAN, GEO. J., M.D.	St. Louis, Mo.
FISK, SAM'L A., M.D.	Denver, Colo.
FAY, W. M., M.D.....	Denver, Colo.
GEHRUNG, EUG. C., M.D.	Denver, Colo.
HAWKINS, THOS. H., M.D.	Denver, Colo.
HASSENPLUG, G. K., M.D.....	Denver, Colo.
MAVITY, W. K., M.D.	Denver, Colo.
McMURTRIE, G. S., M.D.....	Denver, Colo.
PEASLEE, W. C., M.D.....	Denver, Colo.
RICHMOND, C. B., M.D.	Georgetown, Colo.
RUSSELL, A. J., M.D.	Denver, Colo.
RIVERS, E. C., M.D.	Denver, Colo.
ROTHWELL, P. D., M.D.....	Denver, Colo.
TOPLIFF, JOS. J., M.D.....	Longmont, Colo.
TIFFANY, FLAVEL B., M.D.....	Kansas City, Mo.
TIBBITS, GEO. W., M.D.....	Denver, Colo.
TRASK, F. M., M.D.....	Chicago, Ills.
WOOD, L. H., M.D.	Denver, Colo.
WHITEHEAD, W. R., M.D.	Denver, Colo.
WINSOR, L. C., M.D.....	New York, N. Y.
WILSON, W. F., M.D.	Denver, Colo.
WORTHINGTON, R. H., M.D.....	Hugo, Colo.

412.



MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

JULY, 1894.

PHTHISIS PULMONALIS.—HOW AFFECTED BY THE CLIMATE OF COLORADO, AND WHAT ARE PROPER CASES TO BE SENT HERE.

By L. H. WOOD, M. D., DENVER.

Attending Physician to St. Luke's Hospital.

(4) OZONE.

Ozone is believed by scientists to be an allotropic form of oxygen, each molecule of which consists of three atoms of oxygen in its ordinary condition.

It is present in unusual quantities in the atmosphere of this whole region, as has recently been demonstrated by the elaborate and carefully conducted experiments made under the auspices of the American Medical Association.

The source of the ozone is, in a great measure, to be found in the active electrical condition of the atmosphere; electrical discharges having the property of converting a portion of the oxygen in the atmosphere, through which they pass, into ozone.

Although the amount present is unusually large, relatively; it is still in so small a proportion (said rarely to exceed 1 part to 700,000 parts of air) to the whole atmosphere, that it is a matter of inquiry to what extent it contributes to the general health-giving qualities of the Colorado climate.

*Dr. Solly, of Colorado Springs, well says: "The value of its presence would appear rather to be as evidence of the atmospheric purity, than for its own quality as a disinfectant."

Certain it is, that an atmosphere containing ozone is purer, and, in a measure, aseptic. It is thought, and with reason, that disease germs are destroyed by its influence, and many facts go to prove the correctness of this opinion.

(5) ELECTRICITY.

It is said that the surface of the earth is charged with negative, while the atmosphere is charged with positive electricity. This positive electricity is more abundant in elevated regions, where the air is dry and cold. Electrical storms are common among the mountains, and not infrequent throughout this whole region. During these storms the air seems to be surcharged with the electric fluid. Electric bells are rung, and all electrical apparatus show its presence in unusual quantities. It is said that telegraphing can then be done without the aid of batteries, and in severe storms the wires and instruments are sometimes burned out.

The effects of these electrical storms are quite manifest in persons who have an exalted nervous sensibility, causing great nervous excitement and twitching of various muscles. It is probable that the presence of such abundant positive electricity acts as a powerful stimulant to both the nervous and muscular systems, and it must, in a measure, conduce to the general tonic effects of this climate; yet, just in what way it acts, is a question which requires for its solution and full explanation a more careful study than has yet been given to this important subject.

(6) WINDS.

There are few days in which the wind does not blow with moderate velocity, frequently rising about 10 a. m. and continuing until nightfall. Occasionally it attains great velocity, but its force is diminished by the lightness of the atmosphere.

The effect of this freedom from prolonged calms, is to insure continual replacement of the air, which has been rendered impure by the uses of life, by the purer air of the plains and mountains.

It makes good ventilation of buildings more easily accomplished, for the wind drives the pure air in at every crack and cranny.

It increases the rapidity of evaporation, and prevents the warmest days of summer from becoming oppressive and debilitating.

(7) DRYNESS OF THE SOIL.

It follows as a consequence of the dry atmosphere, abundant winds, and the small amount of rainfall, that the soil is very dry. So

dry is it that many old residents are in the habit of storing bedding and clothing in their cellars. Many houses are built with the floor directly upon the ground, without appearing to be damp to an ordinary observer. Mould is a thing almost unknown in this region.

The evil effects of a damp subsoil have been ably set forth by Dr. H. J. Bowditch, of Boston. To it he largely attributes the frequent occurrence of consumption in those who inhabit many of the old New England homesteads, where the natural dampness of the soil is increased by the house being surrounded closely by shade trees, which, by keeping out the sunshine, still further increase the evil.

To live in a dry house built upon a dry subsoil, is one of the urgent necessities for the consumptive; and upon the presence of this condition may often depend the result of the best directed efforts for his welfare.

Throughout Colorado the soil is dry during the greater portion of the year, and the writer regards this as not the least among its many valuable qualities for the treatment of Phthisis.

The malarial germ, whatever may be its form, finds its natural habitat in damp soils and stagnant pools. Wherever these conditions are present, malarial diseases are rampant. Complete freedom from malaria in all its diverse manifestations, follows as a natural result of the dryness of the soil and atmosphere. In composition the soil is a gravely loam.

There are reasons for believing that dryness is an unfavorable condition for the growth and reproduction of all disease germs.

(8) SUNSHINE.

If it be true, as science teaches us, that from the sun this earth derives the source of all its life and power, then must we find *that* life to flourish best, other conditions being equal, where sunshine is most abundant.

If we refer to the records of the Signal Service, we will find it there stated, as the result of five years' observations, that there has been on an average, at Denver, Colo., only 46 cloudy days in the year, while 177 days were recorded as clear, and 155 days as fair. At Colorado Springs there were recorded but 43 cloudy days, and at Santa Fe, New Mexico, only 41.

What a record of sunshine is this! Whole months pass with scarcely a cloudy day. More than half the days of the year are classed as clear. If we return to the same record we will find it stated that at New York there were 109 cloudy days, and but 101 which could be classed as clear. Thus we find $2\frac{1}{2}$ times as many cloudy days in New York, or Boston, as in Denver.

How much of darkness and shadow this implies; how much damp-

ness and dreariness, those only can fully realize who have lived in both places, and have experienced the contrast.

And not only does the sun shine, during so many days of the year, but on account of the thinness of the atmosphere, and the absence of vapor, the sunshine is brighter, and more penetrating; yet, for the same reasons, its effects are never injurious; for the heat is not retained, as it is by a heavier atmosphere, and cases of sunstroke are said never to occur in Colorado. (I have heard of one case only, and it not well authenticated).

As regards the beneficial effects of sunshine, either upon the invalid, or robust, there can be no cause for cavil. It promotes activity in all the vital functions, brings color to the cheeks, and cheerfulness to the depressed mind.

No one of nature's blessings is of greater value, and few places are so bounteously supplied with sunshine as is Colorado.

COLORADO CLIMATE CONSIDERED AS A WHOLE.

Having now passed in review, and analyzed, each of the more prominent conditions to which this climate owes its distinctive characteristics, let us study the effects, produced upon the human economy, by their combined influence, as we find them exhibited practically, upon those who subject themselves to their action by a more or less prolonged residence in this locality.

Some repetition of what has already been stated, may be unavoidable, in order to arrive at a thorough understanding of this important subject; for this, we would ask the kind indulgence of the reader.

As a result of our inquiries thus far, we have found the following climatic conditions to prevail in the eastern portion of Colorado, as shown by careful observations made at Denver and Colorado Springs. We find the elevation to be sufficient to reduce the barometric pressure one-fifth; the atmosphere to be very dry, as shown by the per centage of saturation, and by the actual amount of aqueous vapor present. The temperature is quite variable, the extremes being very low in winter, and moderately high in summer; the diurnal variation being great, the nights always much colder than the days. There are also sudden changes of temperature, lasting for a few days. The amount of ozone present is large. The electrical conditions are very active. There is abundance of wind; a dry, gravelly soil; plenty of sunshine; and a small amount of rainfall.

Taken as a whole, then, this would be classed as a sthenic climate, having both elevation and dryness, and we would expect its effects to be tonic and stimulating to the general system, and exciting to the nervous and circulatory systems.

The effects of elevation and dryness are very marked upon nervous excitability, and, undoubtedly, the great abundance of electricity adds another element which increases this action, which may pass beyond mere tonicity or stimulation to the production of irritation. Decided and unmistakable effects upon the nervous system are seldom wanting; in the new-comer, either sleeplessness, or drowsiness; in those who have lived here longer, neuralgia, and pseudo-rheumatism, (which partakes more of the character of a neurotic disease, than of rheumatism proper,) are common. A certain uneasiness, a desire to be continually and actively employed, with its corollary, an inability to keep quiet, are other manifestations of this climatic nerve stimulation.

We find the spare and slender to accommodate themselves to these conditions, better than those of a full habit and ruddy complexion.

In this is apparent one of the reasons that the emaciated consumptive does so well under these influences. He needs the most powerful stimulation, as is shown by the good effects, sometimes produced in this disease, by the use of alcoholic stimulants. It is almost impossible to stimulate him too much, and the good effects of this stimulation upon his appetite, with the increased inclination to take active exercise, still further improves his nutrition and his powers of assimilation.

Then again, the dryness of the air and soil, and the infrequency of storms, admit of taking out-door exercise, with comfort and safety, at all seasons of the year.

When we consider the natural apathy of the consumptive, which is shown in regard to all efforts to recover his health and especially as regards exercise, or any form of physical exertion; the great benefit to be derived from a climate, which, not only supplies suitable weather for taking out-door exercise, almost every day in the year, but also supplies as well the energy needed to take that exercise, is apparent.

But, if this feeling of exhilaration be not kept under proper control, a stage of reaction, from nerve and muscular exhaustion, will shortly follow; making that which should be a means of increased strength and vigor, a source of depression and prostration.

Much has been written recently about an aseptic atmosphere, and, since the advent of Listerism, the subject of disease germs, consisting of the various forms of micrococci, bacteria and bacilli, has occupied the attention of the professional mind almost to the exclusion of other causes of disease, and, probably, to a greater extent than the test of time will prove to have been wholly warranted.

We have, here in Colorado, several conditions which are regarded

as being antagonistic to the existence and reproduction of these various germs.

The presence of ozone, the dryness both of the atmosphere, and soil, and, even the element of elevation itself, are, each and all, potent enemies of these lower forms of life, which are reputed to be so disastrous to the welfare of humanity.

Whether it be because of this, or not, certain it is, that, living in this atmosphere, encourages healing processes in the diseased lung, favors the arrest of further infiltration, and is unfavorable to ulceration and suppuration, provided enough vitality still exists to make reparation possible.

Not only is this atmosphere favorable to the arrest of phthisis, but other diseases, which are accompanied by suppuration and necrosis, are often arrested by its influence; and, it seems to be a fact, that wounds of both minor and capital operations, heal here with unusual rapidity and certainty; and I believe that septic diseases are more easily avoided, where a well directed effort is made to prevent their occurrence.

The observations of Prof. Tyndall seem to prove the absence, or rather the infrequency, of bacteria in the atmosphere of dry and elevated regions.

Another very constant effect of this climate is to encourage cheerfulness and freedom from care. Whether this is due to the almost perpetual sunshine, or is one of the results of general stimulation, and of the tonic produced by the various conditions here present, is not easily decided.

It is probable that they all aid and assist in producing that freedom from worry and "blues" which is so necessary for the well-being of the invalid, and so common among the residents of this locality.

It is a well known fact, that, if a person in health ascend above a certain level, (which is not constant, but depends upon the individual, and the attendant circumstances,) he will have hemorrhage, either from the nose, which is perhaps the most frequent form, or from some other mucous surface. Yet we find that the consumptive, who has had repeated pulmonary hemorrhage in the east, and at a low level, ascends to the elevated regions of eastern Colorado, and no longer is troubled with hemorrhage; we also find it sometimes necessary that he reside at a very considerable elevation, say 7,000 or 8,000 feet, to attain this immunity.

Now, why do we observe under conditions which increase the tendency to hemorrhage in the well, arrest of hemorrhage in the sick? *Similia similibus curantur!* but, as usual, only apparently. Closer examination will give us a more tangible explanation.

The causes of hemorrhage, in the two cases, are entirely different. The hemorrhage which occurs in the well man, who ascends high mountains, is a transudation of blood through the mucous membranes, caused by the atmospheric pressure being diminished, while the pressure from within is rather increased than diminished by the disturbed heart's action; while that which occurs in phthisis, is usually either a result of the breaking down of lung substance, leaving vessels, exposed in the newly formed cavity, liable to break and give rise to a copious hemorrhage; or else, it results from the congestion which precedes and accompanies a first invasion of the pulmonary structure by the tubercular deposit; neither of these causes is aggravated by elevation.

On the contrary, if what we have endeavored to show be true and well founded, that the various conditions which obtain in this climate tend to arrest the deposit of tubercle, and to retard the progress of supuration; that the improved general condition, is accompanied by an improved condition of the diseased lungs: then we have here a condition of things which tends to cause an arrest of those abnormal processes upon which the liability to hemorrhage in the consumptive depends, and, the fact that it does this, is but another proof of the salutary effect of this climate upon the unfortunate victims of this disease. Thus does the seeming paradox become but an additional evidence of the truth of these observations.

(TO BE CONTINUED.)

NEUROSES OF THE VISCERA.*

By DR. J. B. CORY.

In the number of the Medical and Surgical Reporter for April 19th, 1884, Dr. D. G. Brinton, in an editorial, calls attention to a class of puzzling cases that we frequently meet, which have received but little attention, at the hands of any of the authorities upon the practice of medicine that I have had the pleasure of consulting.

"We will for instance," he says, "be confronted with a patient who offers many of the symptoms of serious disease of the stomach or bowels, kidney, liver or bladder, and yet upon careful physical examination we fail to detect any organic disease, and in time these trying symptoms vanish and the patient complains of them no more."

"Such cases are very trying to the physician, because he is at a loss to account for them," says Dr. Brinton. I will go further and say that unless he exercises more care and thought in making his diagnosis, than is frequently done by eminent practitioners, he will institute treatment for an inflammatory condition, instead of a neuralgic one.

*Read before the Arapahoe County Medical Society, at its meeting, April 30, 1884.

In the published transactions of the Wisconsin State Medical Society, for the year 1871, is an article written by myself, in which I reviewed the opinions of various medical writers on this subject, and gave some interesting cases that had come under my own observation.

Some authors have thought that these affections were of a rheumatic character, others neuralgic, others hysteric, and again hysterico neuralgic, and others class them under the head of spinal irritation; one of the diagnostic points being tenderness of the spinous processes of the vertebra, over that portion of the spinal cord, from which originate the nerves that supply the organ or organs affected.

Of late years it has begun to dawn upon the minds of the profession through the writings of Hammond, and others who have made the diseases of the nervous system a specialty, that these diseases are due to an anemic condition of the spinal cord; and, that the term, spinal anemia, is more applicable to them than any other heretofore in use.

Having arrived at a correct notion of the pathology of these affections, the appropriate treatment at once suggests itself; the object being to overcome this amemic condition, remedies that tend to produce congestion of the cord are indicated. Nuxvomica, or its alkaloid strychnia, probably being the most potent. But if the treatment of these cases is comparatively plain after the pathology is once thoroughly understood the diagnosis of them is not so easy in some instances; and it is for the purpose of calling attention to the difficulty of diagnosis, and the importance of rigid and thorough examination, in every case that is at all obscure, that this paper is written.

I cannot better illustrate this than by giving a condensed account of a few cases that came under my observation.

In the month of February, 1865, when I was acting assistant surgeon in Swift U. S. A. Gen'l Hospital at Prairie du Chien, Wis., one of the convalescent soldiers was attacked with violent and persistent vomiting, with pain and tenderness at the epigastrium, and quick pulse. After trying in vain to stop the vomiting by the use of the ordinary remedies, I called in the surgeon-in-chief for consultation. He agreed with me that it was a case of acute gastritis, advised small doses of calomel, subnit bismuth, soda, lime water and milk, and ice. This treatment gave no better results, and I began to doubt the correctness of our diagnosis. One day while making a more thorough examination, I detected marked tenderness of the middle dorsal vertebra, and at once concluded that it was a case of what was then known as spinal irritation. I applied dry cups to the spine, gave him quinine and strychnia, and a liberal allowance of egg-nogg, and in a few days he was as well as before. Another

case that I call to mind, occurred in the summer of 1870, in the person of a lady about sixty years of age. She was taken quite suddenly with pain in the stomach, tenderness of the epigastrium, nausea and vomiting. I gave her the ordinary treatment for gastritis, but with little relief. Three neighboring physicians were called in consultation, who confirmed the diagnosis of gastritis and advised a continuance of the treatment; which I had abandoned because it seemed to be doing her no good. No improvement following, I stopped all medication except table spoonfull doses of lime water and milk every hour, and enemata of beef tea.

There was tenderness of the spine, but she refused to be cupped or to have a blister applied for some time, but finally yielded to my earnest persuasion and commenced to improve from the time the blister was applied; and was finally cured by the use of Gross' neuralgic pills. She had several similar attacks subsequently, which were always relieved by the use of blisters, quinine, and nux vomica.

My latest case of this nature is still under observation. In this case the stomach is not affected; the symptoms seeming to indicate disease of the lungs, heart, or liver. She has been more or less of an invalid for several years; has been treated by different physicians for heart disease, liver complaint, bronchitis, and has been thought to have had consumption.

She came under my care about the 1st of April, 1884. She was having pain in the chest, a short, dry cough, increased frequency of respiration, pulse 120, temperature 102 degrees. My first thought was pneumonia, but the physical signs did not corroborate the diagnosis. Being in something of a hurry I put her on treatment for catarrhal fever and reserved my diagnosis. Her condition remained nearly the same for several days; and after repeated examinations and the exclusion of catarrhal fever, acute bronchitis, pericarditis, pleurisy and hepatitis, and the discovery of tenderness of the dorsal vertebra, I decided that it was a case of spinal anemia, and instituted treatment accordingly; the result of which proved the correctness of the diagnosis.

My experience teaches me that it is not always clear sailing in the practice of medicine; and the fact that doctors are frequently liable to disagree is proof that some of us, and even the best of us, are sometimes in error. When our cases are plain, the symptoms unmistakable, and indications of treatment clear, we may thank our lucky stars and proceed with confidence; but in cases of doubt it is better to go slow. Be sure we are right before expressing a decided opinion; and never give medicine until we know what we are giving it for and what we expect to

accomplish by it. Diligent and unremitting study of our cases 'should be the rule; until we are perfectly clear as to their nature and probable termination.

If all would do this, and combine with much study and thought, a fair share of reason and common sense, the practice of medicine would be relieved of much of the odium that has heretofore attached to it.

NEGATIVE PRESSURE—A REPLY.

BY SAM'L. AUG. FISK, M. D.

The writer on "Phthisis Pulmonalis—How Affected by the Climate of Colorado, Etc.," which appeared in the issue of the DENVER MEDICAL TIMES for June, 1884, has made some statements of such an astounding nature that they ought not to go uncontroverted, and he has further criticised my views in a manner that calls for a reply.

After quoting from Dr. Denison's "Rocy Mountain Health Resorts" to the effect that: "This approach to a *state of vacuum* in the lungs tends to *draw the blood quickly into the pulmonary vessels*, which movement of the circulatory fluid is aided by the accompanying increased action of the heart," in which quotation he emphasizes what he conceives to be the vulnerable points, by putting them in italics; he then writes :

"It is difficult to conceive how any 'approach to a state of vacuum in the lungs' can be said to exist, whatever may be the atmospheric pressure, for this pressure is the same within the chest as it is without, as any student of physics is aware. * * * Without obstruction the air contained in the chest can neither be condensed nor rarified by the act of respiration; it remains of the same density as is the surrounding medium."

"For the same reason this 'approach to a vacuum' cannot in any manner be a means of 'drawing the blood quickly into the pulmonary vessels.'"

He then quotes from an article in *Science*, to the effect that:

"Dr. Fisk writes: 'During inspirations the respiratory muscles draw the ribs upwards, enlarge the cavity and produce a partial vacuum, in consequence of which the air rushes in to fill up this vacuum and the lungs are inflated, etc.'"

In regard to which he comments: "We have here another allusion to the 'partial vacuum' of which an opinion has already been expressed. As an outgrowth of that idea it is here asserted that there is 'a displacement of the chest walls' which calls upon the muscles of res-

piration to 'exert a given amount of force to overcome.' This all implies that some time during the act of respiration a partial vacuum exists within the chest cavity; evidently an oversight of the fact that atmospheric pressure acts equally in all directions, and that without either spasm or stenosis of some portion of the air passage, the difference between the 'positive pressure' without and the 'negative pressure' within will be, as far as the atmospheric pressure is concerned, simply *nil*."

While we acknowledge our obligations to the gentleman for his dissertation on the laws of atmospheric pressure we cannot refrain from making him a few quotations out of a standard work on physiology, a subject in regard to which he is evidently not well versed.

In the fifth edition (1881) of "Foster's Physiology," page 330, we read: 'The lungs are placed in a semi-distended state, in the air-tight thorax, the cavity of which they, together with the heart, great blood vessels and other organs, completely fill. By the contraction of certain muscles the cavity of the thorax is enlarged, *in consequence, the pressure of the air within the lungs becomes less than that of the air outside of the body* and this difference of pressure causes a rush of air through the trachea into the lungs until an equilibrium of pressure is established between the air inside and that outside the lungs. This constitutes inspiration. Upon the relaxation of the inspiratory muscles (the muscles whose contraction has brought about the thoracic expansion) the elasticity of the chest walls and lungs, aided perhaps to some extent by the contraction of certain muscles, causes the chest to return to its original size; *in consequence of this the pressure within the lungs now becomes greater than that outside*, and thus air rushes out of the trachea until equilibrium is once more established. This constitutes expiration; the inspiratory and expiratory act, together forming respiration." We have italicized the important part of this rather long quotation.

Further on, page 331, we read: "Donders found in this way, i. e.: by means of a manometer fitted into the nostril, that the negative pressure of a strong inspiratory effort varied from 30 to 74 m. m., while the positive pressure of a strong expiration varied from 62 to 100 m. m."

There is further the negative pressure, caused by the expenditure of force in overcoming the elasticity of the lung which should be considered and this has been found to vary from 5 to 30 m. m. of mercury. (ibid p. 331.)

We will desist, however, from making any further quotations on this point for fear that the worthy gentleman may think that the pressure of which we are speaking is a positive rather than a negative one, and we will proceed to touch briefly on the effects of the respiration on the circulation.

On pages 380 and 381 of the above quoted work on physiology we read: "During inspiration the pressure bearing on the right auricle and the venae cravae becomes less than the pressure which is bearing on the jugular, subclavian and other veins outside the thorax; this must result in an increased flow from the latter into the former. Hence, during inspiration a larger quantity of blood enters the right side of the heart. This probably leads to a stronger stroke of the heart, and at all events *causes a larger quantity to be ejected by the right ventricle.* [Italics mine.]

* * * * * During expiration the converse takes place."

And further on, page 381, we read: "Thus as far as arterial blood pressure is concerned, the effects of the respiratory movements on the great veins and great arteries respectively, are antagonistic to one another, the effect on the veins being to increase arterial tension during inspiration and to diminish it during expiration, while the effect on the arteries is to diminish arterial tension during inspiration and to increase it during expiration."

The foregoing quotations make it evident that either Dr. Wood or Dr. Foster is in error. The former has committed himself to the view that "the air contained in the chest can neither be condensed nor rarified by the act of respiration," and further that "this 'approach to a vacuum' cannot in any manner be a means of 'drawing the blood quickly into the pulmonary vessels,' " while Dr. Foster, F. R. S., the "Praelector in Physiology and Fellow of Trinity College, Cambridge," says that in consequence of the inspiratory act "the pressure of the air within the lungs becomes less than that of the air outside the body," and that during expiration "the pressure within the lungs now becomes greater than that outside," and further that inspiration causes "a larger quantity [of blood] to be ejected by the right ventricle," into the pulmonary artery of course.

Of necessity, one or the other of these views must be correct. Dr. Denison and Dr. Fisk have taken their stand in this matter, and have sided with Dr. Foster, even though by so doing they have incurred Dr. Wood's censure of falling short as "students of physics." We leave it with the reader of this reply to make his own choice in regard to the position he may wish to take on this question.

In outlining his work Dr. Wood tells us that he will study the climatic conditions of Colorado under eight headings, two of which are:

"4. A Large Amount of Ozone."

"5. Active Electrical Conditions."

The present writer is going to make bold to anticipate the Doctor's writings, on these subjects, sufficiently to express the hope that Dr.

Wood will give us some actual, reliable and unvarying test for ozone, whereby we can judge with certainty of its presence and amount in our atmosphere; and further that he will present some reliable data of the "active electrical conditions" prevailing in our mountainous regions. Unless the Doctor can do this, we are afraid that his professional brethren for whose benefit, we take it, he is writing these articles, will regard what he is about to write on these subjects as lacking the basis of facts.

In conclusion we extend to the Doctor, as to all others, a *macte virtute* for any accurate and positive knowledge that may be given us in regard to the curative properties of the Colorado climate. That it possesses such qualities we believe most fully. But we must protest against the use of popular similes, as misleading and calculated to injure, rather than benefit, the cause being advocated.

PRIVATE HOSPITALS FOR WOMEN.—THEIR CONSTRUCTION, MANAGEMENT AND ADVANTAGES, AND THE EXTENT TO WHICH THEY ARE ADVERTISED, ETC.

BY THOMAS H. HAWKINS, DENVER.

(CONTINUED FROM MAY NUMBER.)

I publish the following article from the *Louisville Medical News*, of May the 17th, 1884.

Dr. R. S. Sutton, of Pennsylvania, presented a paper on *Desperate Surgery among Women; The Proper Field for it; Who Should and Who Should Not Attempt it*.—Desperate surgery, he said, means operations endangering life, and in women it is chiefly intra-abdominal. Its dangers are not to be denied, as is shown by American statistics. The proper place for these operations is not in the general hospital with its pus-soaked walls, or the modern dwelling with its defective sewerage, or roadside cottage with its health-bringing air; there can not be found the indispensable nurse, and the surgeon may be a league away. These conditions render such a locality unavailable.

The material elements of safety are: Large, airy apartments, no zymotic germs, sun and air space, perfect sewerage, quiet city neighborhood, a conscientious nurse, but necessarily a trained one, and the surgeon near his patient. All of these conditions are secured in a private hospital, and with them we can equal the success of Keith or Tait, by whom they are practiced. Statistics show that the best results are obtained in a private or special hospital.

The general practitioner who is exposed to the poisons of scarlatina, diphtheria and erysipelas, is not warranted in assuming the responsibil-

ity of these operations, and by so doing destroys life and makes himself liable to criminal prosecution. The obstetrician encountering puerperal peritonitis and other zymotic diseases has no right to imperil a woman's life. The gynecologist may be the minister of death while attending a case of uterine cancer. The clothing of the practitioner from exposure to infective diseases may be the deadly agent. The history of the past and the judgment of the present decide the operator to be a specialist, and exclude him from general practice. Dr. Sutton concluded with the assertion that, for successful abdominal surgery, the absence of all zymotic-disease poison and the presence of perfect cleanliness and good nurses are essential.

Dr. Englemann, of St. Louis, then spoke of the importance and difficulty of blending theory and practice. He thought that Dr. Sutton's views are theoretically true.

The late Dr. Hodgen, an acknowledged able surgeon, lost most of his ovariectomies. He attributed it to the fact of his having at the same time practiced general surgery and medicine. He thought that the chief law of success, "absolute cleanliness," was necessary, and that it was best carried out in a private hospital. He had seen an influx of sepsis, apparently from the presence of a single gentleman at an operation, conveyed to the patients that had been and were operated on in a hospital where the most severe abdominal operations had resulted previously in but a slight or no rise of temperature. Dr. Engleman insisted on the greater value of a "cleansed" than of a trained nurse.

The specialist endangers the success of his operations when he must take the general practitioner as his assistant. If the specialist can achieve absolute cleanliness, he must do it. Even in the English hospitals there remains much to be improved. The private hospital of Dr. Martin is by no means a model one, and he thought his success had been due entirely to skill and cleanliness. Dr. Martin's new hospital is to have a room for major and one for minor operations, and will be so constructed as to be easily flooded, when necessary, with a proper disinfectant.

Dr. Quimby, of Jersey City, referred to the two extremes of treatment and precaution advised in this operation.

He takes a middle ground. Believing want of cleanliness one of the greatest dangers, he does not consent to set these operations apart as the work of special persons. During an epidemic of smallpox he had attended cases of confinement with the only precaution of changing the clothing and attending his obstetric patients last. Cleanliness of hands

and hair was also practiced, and he failed to observe any disastrous results.

In reply to an inquiry of Dr. Sutton, he said that he had opened the abdominal cavity six or seven times, with a mortality of three.

Dr. Sutton, in conclusion, said that the statement of the low foreign mortality and its causes had not been refuted. His own first seven cases were fatal. After having observed the practice abroad for eighteen months, and having again had four failures in succession, he perceived his error and opened a private hospital. His seven ovariectomies therein performed have all been successful, and his highest temperature has been 105.5 deg. F.

SOCIETY PROCEEDINGS.

A stated meeting of the Arapahoe County Medical Society was held at the office of Dr. T. H. Hawkins, April 3d, 1884, the president, Dr. Mavity, being in the chair.

The minutes of the last meeting were read and approved.

Dr. Russell reported a case of pneumonia in a lady, aged 67. The attack was sharp and acute, involving lower part of the upper, and upper part of the lower lobes of left lung. Temp. 103°, severe chill. She was very sick for five or six days. Treatment consisted of warm flax-seed poultices, port wine in abundance, beef tea, chicken broth. The bowels were moved once with calomel; room was kept at an equable temperature. To-day she is convalescent.

Dr. Hawkins reported a case of pneumonia. Attack sudden, with severe chill at 5 a.m. At 7 a.m., friction murmur, temperature 103°. 10 a.m., murmur absent, crepitant rales, the greater part of left lung affected. Applied cotton batten, with cotton bandage about the chest; gave enough opium to produce narcotism. On the eighth day the lung was cleared up; tenth day, murmur returned; eleventh day, convalescent and sitting up.

Dr. McMurtrie narrated two interesting cases of placenta prævia, instead of reading a paper. The society passed a vote of thanks to the Doctor, with a request that he put the cases in writing for the society.

Dr. Hawkins said his preceptor advised separating the placenta as completely as possible with the hand. Has seen two or three cases of abortion, which were possibly also cases of placenta prævia. It may be a case of miscarriage. One case, in which, at the fourth month, there was slight oozing of blood, was suddenly taken with severe flood-

ing, accompanied by the expulsion of a placenta, followed after some hours by a foetus. Either this was placenta prævia, or else a case of twins.

Dr. Cory has seen it advised to puncture the placenta. Has had no serious cases. Saw a case in primipara; was taken with flooding at eighth month. Kept her quiet, and gave persulph. fer. Two weeks later labor came on. He ruptured the membranes, and labor went on with little hemorrhage. The placenta was attached to one side.

In a second case the placenta was central. Used a tampon saturated with alum; this stopped the hemorrhage. The os was rigid. After a while pains came on. Renewed the tampon; the os dilated; labor came on, and the advancing head stopped the hemorrhage.

Dr. Russell thinks the proper course is to separate the placenta as far as can be reached with the finger. If hemorrhage continued, would pack the cervix with compressed sponge or absorbent cotton, and afterwards would turn and deliver. Thinks many abortions are cases of placenta prævia.

Dr. Peaslee saw a case in a lady, aged 30. There was hemorrhage, with the os the size of a dollar; used tampon, which was removed after two hours. Could then insert the hand. Separated the placenta, ruptured membranes, and held the placenta down so the head could advance. The head stopped the hemorrhage. The foetus was expelled, after a labor of thirty-five minutes, dead and bloodless. Woman made a good but slow recovery.

Dr. Fay would use the tampon.

Dr. Davis saw a woman near full term with severe flooding. On examination, found placenta prævia. He passed the hand up, following what appeared to be the thinnest side; reached, and ruptured the membranes. In half an hour a dead child was born.

Dr. Mavity was surprised that in Dr. McMurtrie's first case the mother should have died. The second case showed degeneration of the placenta. He has seen three cases. In the first case, he induced labor at the fifth or sixth month; dilated the cervix with a sponge tent; gave ergot, and detached the placenta, after which hemorrhage ceased. Child died.

CASE 2. Had pains at the eighth month, and was thought to be in labor. Applied tampon; half an hour after, on getting up to urinate, was taken flooding. The womb was dilated; he brought away the placenta, and there was no more flooding.

CASE 3. Had occasional hemorrhage from the third month. At the sixth month he dilated with sponge tent. The following day de-

tached the placenta, and the hemorrhage stopped without further treatment.

Dr. Wood alluded to the treatment suggested by Dr. Nunn, of Savannah, of inserting a speculum, cleaning away the clots, and applying liq. fer. persulph. to the bleeding surface, passing his swab inside the os to the point of separation.

Dr. McMurtrie considered the means adopted in his first case the best possible. He has seen two or three other cases of partial placenta prævia, in one of which the child lived.

Meeting adjourned.

L. H. WOOD, M.D.,
Recording Secretary.

Stated meeting of the Arapahoe County Medical Society, April 17th, 1884.

After the transaction of routine business, Dr. W. H. Davis read a paper on "Narrowing of the Meatus Urinarius in the Male." This lesion is usually congenital. He referred to stricture, $1\frac{1}{2}$ to 2 inches, within the urethra, caused by urethritis. Both lesions were often overlooked. By obstructing the normal flow of urine, and the irritation caused thereby, there resulted a spasmodic stricture at the neck of the bladder. The imperfect emptying of the bladder causes cystitis, and, remotely, degenerative disease of the kidneys and ureters.

The symptoms include gleet, seminal emissions, and frequent urination.

The Doctor considered the proper treatment to be incision of the meatus, or strictures, to the full size of the urethra, claiming to obtain relief of the symptoms, and disappearance of what seemed to be stricture at the neck of the bladder.

Dr. Wood agreed as to the importance of these lesions, and considered incision much better treatment than to attempt dilatation.

Dr. Hawkins said that the subject of urethral narrowing in the anterior portion, has elicited much discussion.

In all cases of gleet, or spasmodic stricture, we have narrowing in the first, 2 or 3 inches. This not only causes a shutting off of the urine before the bladder is emptied, but interferes with the column of urine where it meets the stricture, causing urethral spasm, or, as claimed by Dr. Otis, a spasmodic stricture.

A patient, aged 29, had always suffered with inflammation of the bladder, passing urine every hour, and 20 or 30 times during the night,

never less than 2 or 3 times. Trouble had existed since childhood. An attempt to pass a No. 8 sound, caused violent contractions at the neck of the bladder, and pain, as did attempts to wash out the bladder.

Dr. Keys, in consultation, thought it to be neuralgia of the neck of the bladder and recommended atropia. This did not relieve. Ether was given and the urethra cut to No. 20. Since then there has been no trouble. The bladder was washed out frequently after the operation, but he doubts if this affected the result. A boy of 10 years with the same trouble: meatus narrow, sensitive, angry and pouting; the stream of urine being cut off by the pain. He was etherized and incised; relief following. Another child of the same mother, at a year old, had the same trouble; was incised to a No. 10 and relieved. Has seen a case in Denver within six months, in the same condition; with meatus small, pouting and sensitive; he cut it freely, passed sound, and it was relieved.

In cases of obstinate gleet, with persistent discharge, he has found a small meatus, and often stricture $1\frac{1}{2}$ to 2 inches back; cutting with the urethratome has given relief. The passage of a No. 18 sound does not prove absence of stricture; it can only be detected by using a bulbous sound. Cases of apparent deep stricture are often spasm, caused by stricture near the meatus, and if you cut this the deep stricture disappears.

Dr. Hawkins thinks much damage has been done by cutting spasmodic strictures.

Dr. Purcell asked if these strictures were posterior to the glans. Has a case which has been dilated for 2 or 3 years without cure, which he thinks cutting might cure. He now dilates himself with a pledget of oiled cotton and a probe.

Dr. Davis related a case of a boy, aged 9, with congenital phymosis. He has had two or three attacks of inflammation about the prepuce, which were treated by syringing. Later he began to wet the bed; was circumcised and cured.

Dr. Russell, about two months ago, saw a case of stricture of 5 or 6 years standing which had been treated by several physicians, without relief. There was a small meatus; passed a No. 10 sound, and found a stricture just beyond the glans; after passing this he found about an inch from the bladder another, through which he could only pass the smallest sound that he had. A week after he presented the same condition, having a gleety discharge; passed a No. 12 sound with much difficulty. He bled freely. Gave him a rubber catheter and a fountain syringe, with directions to wash out the bladder after each passage of urine. This gave no relief.

He passed the No. 12 again, having much trouble and hemorrhage ; this was followed by a violent chill and severe urethral fever, lasting several days. When this subsided, he passed a No. 12 again, after which all symptoms of stricture disappeared. He had regarded all these strictures as of inflammatory origin, and does not see how a spasmodic stricture can exist anterior to the first two or three inches ; then again, you find the stricture always at the same place. Believes in dilating, and afterwards passing the sound.

Dr. Hawkins said, we always find the spasmodic stricture at the neck of the bladder only, and it is caused by a sympathetic action which is caused by the obstruction to the stream of urine. You will find, upon attempting to withdraw the sound, that it is grasped at the neck of the bladder. Has never seen a case of spasmodic stricture with chronic cystitis, frequent micturition and gleety discharge in which he did not find a stricture, usually about $1\frac{1}{2}$ inches back of the meatus. After cutting this, a No. 20 sound can be passed into the bladder. Why is the obstruction at the neck of the bladder, if it were not due to spasm ? A narrow meatus is congenital ; stricture $1\frac{1}{2}$ inches back of meatus is acquired. Would cut upon the floor of the meatus for the first inch ; if deeper, cut on the roof. The wide stricture is the cause of reflex symptoms.

Dr. Peaslee related a case of congenital narrowing of the opening in the foreskin ; it was so narrow as scarcely to admit a knitting needle, and gave rise to symptoms of stricture. He circumcised, finding adhesion. Relief followed the operation.

Dr. Davis had a case with nocturnal emissions, in which only No. 12 would enter the meatus. He incised and found another constriction, which he also cut. Relief followed.

Dr. Peaslee, in one case, left a catheter in the urethra for six days after incision, washing out the bladder frequently. Afterwards passed a sound.

Dr. Davis considered the use of a catheter unnecessary.

Dr. Russell asked the best means of avoiding and treating urethral fever.

Dr. Davis answered, to keep the urine bland, and by using injections of mild astringents and morphia. It will occur sometimes in spite of great care.

Dr. Hawkins said it was called "catheter fever," and does not occur after incision. As a safeguard, would give ten grains of quinine before operating ; and if any fever followed, ten or fifteen grains after.

Dr. Ward said that Dr. Burton used to give a full dose of opium to

prevent urethral fever, as a full dover's powder ; and used dilation in such cases.

Dr. Mavity believes in spasmodic stricture of the deep urethra, and organic stricture near the meatus.

There are cases in which you can pass a sound under chloroform, but not without it. In a case of stricture from gonorrhea, in a man who rode a great deal, there was total obstruction ; and a doctor tried a long time to pass a catheter without success. He introduced a trocar through the rectum into the bladder, and emptied it. After a few days the stricture was gone.

Saw an illustration of the remote effects upon the bladder and kidneys, evidently the result of stricture. A post-mortem found the ureters enlarged to the size of one's thumb, the kidneys being distended, and in a state of degeneration.

Dr. Peaslee related a case of a man aged twenty-two years, subject to occasional sprees, often followed by spasmodic stricture and inability to pass urine. He could not pass a catheter until he had given a hyperdermic of morphia, after which it passed readily.

Dr. Russell reported the case of a lady who was taken, sometime after a natural labor, with a tender and painful condition of the bladder. Irrigating the bladder did not relieve her until, one day, on drawing the urine through a large catheter, a rye-straw was expelled.

Dr. Davis asked if any one had seen here cases of stone in the bladder. None present had seen any. He once saw, in Indiana, the urethra ruptured by a sound ; extensive gangrene followed, proving fatal. A post-mortem showed that no stricture had existed in the membranous portion of the urethra. There was only a stricture in the bulbous portion.

L. H. Wood, M. D.,

Recording Secretary.

Stated meeting of the Arapahoe County Medical Society, May 1st, 1884, the president, Dr. Mavity, being in the chair.

After the reading of the minutes of last meeting, and the usual order of business, Dr. Corey read a paper upon "Neuroses of the Viscera." He referred to a paper by Dr. D. G. Brinton, who says there are many cases which show nothing wrong apparently, and pass away, leaving no structural change behind. He then reviewed some cases which are called by some neuro-rheumatic, neuro-spinal, neuro-hysteric, and hysteroneuralgic.

Dr. Hammond says the cause is anæmia of the spinal cord, his treatment being nux vomica or strychnia, douches of cold water, and morphia for the pain. Such cases occur in the overworked, dissipated, and those suffering from chronic discharges.

Treatment is to stop the cause. Prescribe out-door exercise and tonics. The diagnosis is often difficult

CASE 1. February, 1864, at Military Hospital, Prairie du Chien. A soldier had persistent diarrhœa, great vomiting, which was called gastritis, and which could not be allayed by the ordinary means; bismuth sub-nitrate, etc., being unavailing.

Dr. Cory then thought the trouble might be spinal, and on examination found tenderness over the dorsal vertebræ, and tried dry cups, three in number, over the tender vertebræ, and gave quinine sulph. gr. ii., nux vomica gr. 1-6, morph. sulph. gr. 1-12, and egg-nog, three times a day.

CASE 2. A lady, aged 60 years, was seized with a sudden attack of pain in the stomach, followed by vomiting, quick pulse, etc., which looked like a case of gastritis. The appropriate remedies were tried, but without result. Lime-water and milk were of no use. Cups were then applied to a tender place on the spine; while quinine, morphia, aconite, strychnia and arsenic were prescribed.

CASE 3. A widow, aged 30 years, a Swede, suffered from cough, etc. Acute bronchitis was diagnosed and treated. Called again later, and found patient coughing, with fever, short breath, etc. The lumbar vertebræ were tender. Cups were applied, quinine and nux vomica given.

Dr. Peaslee said the subject was one open to a great deal of discussion, and thinks many of the diseases of the thorax and abdomen are caused by trouble in the brain and spine. Many cases of biliousness result from depression of the nervous system reflected to the heart, which does not perform its functions perfectly, allowing the blood to dam up in the liver.

He referred to Hartshorne's Conspectus, in which were mentioned cases where, owing to fear, urination was frequent. He also spoke of an undertaker who had diarrhœa for twelve years, with much mucus and discharges. Took digitalis for the heart, and in less than a year was well. The patient had been a soldier, and the Doctor thinks his trouble resulted from fear, depressing the nervous system and heart, damming up the blood in the liver, causing the quantity of mucus which went into the bowels.

Dr. Hawkins thinks many cases of trouble of the stomach are caused by depression of the nervous system; and agrees with Drs. Cory and

Peaslee that many local troubles are caused by sympathy reflected from the spinal system. Has met many cases of gastralgia and of pain near the ovaries which were treated for ovaritis, in which, on examining the spine, tenderness was found there. Has seen as many cases of spinal anæmia, as of spinal hyperæmia. If anæmia, gives remedies accordingly; if hyperæmia, blisters, bromides and ergot.

CASE 1. A lady suffered greatly from vomiting and purging. Morphia afforded no relief; hot sand-bags to the back gave relief.

In cases of uterine irritation has found spinal tenderness; relief has been given by external heat, long use of hot pillows, etc.

Dr. Purcell agreed with the treatment mentioned, and said he found more of these cases in the winter season. Spinal irritation was caused by irritation in other organs, as in the uterus in childbirth. When the uterine irritation was relieved, the spinal trouble disappeared.

Dr. Hawkins said there were many uterine cases causing spinal irritation, but not all cases. We overlook too frequently the spinal irritation, and treat the uterine derangement. Would use white heat, if allowed by the patient.

Dr. Purcell saw more cases of spinal irritation in the Missouri Valley than in Denver.

Dr. Peaslee once applied nitrate of silver to the spine with good results.

Dr. Hawkins said cases of painful erections, with spinal hyperæmia, were relieved by bromides.

Dr. Mavity said this was a field to be studied by more thorough examination. Treat the disease, and not the symptoms. Has seen cases in the army that recovered from diarrhoea on being discharged, or given leave of absence. Saw a case from malarial trouble, where the lower limbs were paralysed, recover by the use of quinine and blisters with moderate diet. The same family was subject to aggravated attacks of so-called "hives."

Dr. Cory thanked the society for their attention, and said his object was to investigate more thoroughly these cases. Careful consideration is required to diagnose between anæmia and hyperæmia, which is decided by the use of different remedies.

Stated Meeting of the Arapahoe County Medical Society, May 15th, 1864. The president, Dr. Mavity, in the chair.

After transaction of routine business, Dr. Hawkins reported a case. A woman, aged 43, married 20 years; no children. Had first menses

when 11 years old, without pain, and natural; next menses at 14, painful and profuse. Been regular ever since, having pain the first and second day. For ten years past has flowed six to eight days profusely; and for the last five years the flow has been excessive, with much pain. Five years ago, an enlargement was noticed on the right side, which was tender and painful. She could not sleep upon the back. Of late she has had excessive flooding, lasting for ten or twelve days at each period. Dr. Hawkins first saw her two months ago. She was then having profuse hemorrhage, expelling large clots of blood; she was very pale and white. Upon examination, he decided that she had a tumor of the uterus. The cervix was so high and so far back, that a sound could not be passed.

She was having frequent hemorrhage, the slightest exertion bringing on the flow, so that she was confined to her room the most of the time. The tumor was elastic to the feel, hence it was feared it might be fibro-cystic. May 10th, 1884, Dr. Hawkins made an abdominal section, found a large fibro-cystic tumor of the uterus, which he removed. The cavity of the uterus measured six inches. The tumor was exhibited to the society.

The operation was attended with profound shock, from which she showed little signs of rallying, until 8 p.m., when she revived so as to talk to the nurse; but at 9 p.m. she was seized with pain in the region of the heart, and suddenly expired, evidently from a heart-clot.

The patient has a sister with two tumors, one of which seems to have a pedicle, and the other to be within the body of the uterus. The right ovary was cystic, and the left was also diseased. Operations for the removal of fibro-cystic tumors have usually resulted unfavorably.

Dr. Keith reports some favorable results. In one of his cases a foetus was found in the uterus.

Dr. Wood said the shock was profound before the completion of the operation, requiring the free use of hyperdermics of brandy and ammonia to keep her alive. When he left her, at 8 p.m., she had every appearance of rallying, and would probably have done so had it not been for the occurrence of heart-clot.

Dr. Trask related an operation which he saw performed in New York, by Dr. Brinton, for the removal of a malignant sarcoma of the nasopharynx, requiring very delicate manipulation. It had been removed twice before, being recurrent. The doctor first performed very nicely a preliminary tracheotomy, and then gave ether through the tube, using a sponge to hold the ether placed within a sort of funnel. He then placed a kind of tongue-depressor in the pharynx, in such a manner as to make it impossible for blood to enter the larynx. The tumor was re-

moved by means of the scoop, and by the Paquelin, all arteries and bleeding points being tied. It was a very bloody operation. The result is unknown.

Dr. Trask saw Dr. Bryant operate on a hernia by a new method, which consisted of stitching the inguinal ring in every direction with gold wire, so as to form a sort of purse. The result was unknown. He found most operators were using antiseptic precautions; using irrigation, but not the spray. Catgut ligatures are used, being carefully prepared antiseptically; also the gauze was made use of, with other precautions.

Dr. Mavity had seen this operation for hernia mentioned in the *British Medical Journal*.

Dr. Rothwell asked whether the object of the operation was to set up inflammation in the sac or not.

Dr. Trask said it was not, but it was intended to leave the wire *in situ*.

Dr. Hawkins related the case of a lady, aged 26, first confinement. Labor began at 5 a.m.; pains were at first good, but afterwards diminished. Applied forceps, and, after three-quarters of an hour, delivered. Child did not breathe at first, but soon revived. It had double varus, lateral curvature of spine, and a deformed chest. Pressure upon the chest increased the varus. On turning it over a spot was found, at one of the lower vertebræ, where the bone was absent. Pressure here also increased the varus. The mother had a laceration of the perineum, upon which he operated on the second day. Removed sutures on the tenth day, and found the union to be perfect.

Dr. Marity spoke of often finding club-feet with spina-bifida. Saw a case of spina-bifida, club-feet and hydrocephalus in an eight-months foetus. He found several cases recorded of a similar combination.

Dr. Hawkins had seen several such cases.

L. H. Wood,

Recording Secretary.

BOOKS AND PAMPHLETS RECEIVED.

Twenty-fourth Annual Announcement of the Bellevue Medical College, 1884-1885.

Revised and Enlarged Manual of the Active Principles of Indigenous and Foreign Medicinal Plants. Prepared by B. Keith & Co., New York. 1884.

The Message of the Nineteenth Century to the Twentieth. By Andrew Dicken White, LL. D., President Cornell University. The Irving Library. John B. Alden, New York, publisher.

List Medical Books. F. Blakiston, Son & Co., Philadelphia. Published during 1883-4.

Deterioration of the Puritan Stock and its Causes. By John Ellis, M.D.

The Opium Habit. By Asa P. Maylert, M.D. Paper read before the Harlem Medical Association, Feby. 28, 1884. G. P. Putnam's Sons, New York.

Non-Puerperal Lymphadenitis and Lymphangitis. By Paul F. Munde, M.D. Reprint from American Journal of Obstetrics and Diseases of Women and Children, October, 1883. William Wood & Co., New York.

A. A. Mellier's Illustrated Catalogue and Price List of Surgical Instruments and Appliances. St. Louis, 1884.

Moral (Affective) Insanity, Psycho-Sensory Insanity. By C. H. Hughes, M.D., St. Louis. Reprint from the Alienist and Neurologist, April, 1884.

Ingluvin: Advertising Pamphlet. Published by Wm. Warner & Co., Philadelphia.

Iodoform in Dental Surgery. By C. F. W. Bodecker, D.D. S., M.D. S., New York. Reprint from Independent Practitioner, March and April, 1884.

The Archives of Pediatrics: a Monthly Journal devoted to the Diseases of Infants and Children.

This is the Fourth Number of Vol. I. The preceding numbers have been most gladly received, and should be encouraged by the Profession.

The Medical Index. Successor to the Kansas and Missouri Valley Medical Index and the New Medical Era and Sanitarian. Kansas City, Mo., May, 1884.

The Kansas City Medical Record. April, 1884.

Transactions of the Medical Association of the State of Missouri, at its Twenty-Sixth Annual Session, held at Jefferson City, Mo., May 15, 16 and 17, 1883.

These transactions form a book of 262 pages, and contain many readable and interesting articles.

Drugs and Medicines of North America: a Quarterly devoted to the Historical and Scientific Discussion of the Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plants of North America, their Constituents, Products and Sophistications. By J. U. & C. G. Lloyd. Cincinnati, 1884.

From what we have seen of this work we most heartily commend it. The publishers have been at great pains to thoroughly prepare themselves, and have also enlisted the co-operation of those well qualified to promote their object. The illustrations are numerous and unusually clear, and many are of the natural size. Their aim is broad, and we feel sure that it will be a work too valuable to be left out of a well-equipped library.

Sexual Neurasthenia (Nervous Exhaustion): its Hygiene, Causes, Symptoms, and Treatment; with a chapter on diet for the nervous. By George M. Beard, A.M., M.D. E. B. Treat, New York, 1884.

These are a series of posthumous papers, edited by Dr. A. D. Rockwell, who was for many years associated with Dr. Beard, and well qualified to undertake the task. Although without doubt an enthusiast and enclined to ride a hobby, Dr. Beard is to be commended for the good he has been instrumental in accomplishing in directing attention to this important subject. The reflex phenomena, which undoubtedly arise from some genital cause, have attracted considerable attention of late, and deserve all the light which modern science can throw upon them. The generative function plays a very important part in our economy; and that it should be easily a disturbing agent, its marked vascular and nervous supply would indicate, even throwing out of consideration altogether the mental effect which positive or supposed lesions of this tract always produces, and which is greatly aggravated by the vast amount of highly colored literature so extensively circulated by quacks. We entirely agree with Dr. B. that heretofore this subject has been left too much in the hands of these pretenders; and that we, as physicians, ought to do more in enlightening the community. That true spermatorrhœa is as frequent as Dr. B. would lead us to suppose, we cannot accept as the truth, considered in the light of the large number of eminent physicians and surgeons who have given this subject special attention, and who have pronounced otherwise. Let us, however, not rest satisfied with even the dictum of eminent men, but let us use our microscopes and chemical tests in every case that comes under our observation; and thus, by obtaining such an array of reliable facts as will conclusively demonstrate the truth of this important subject. Dr. B. has given us a well-written little volume, and one from which every conscientious practitioner can derive food for consideration and application.—F. M. T.

Elementary Principles of Electro-Therapeutics, for the Use of Physicians and Students. Prepared by C. M. Haynes, M.D.

This is a book of some 420 pages, published by the McIntosh Galvanic and Faradic Battery Company, and fully illustrated. Although evidently published in the interests of the above company, and for advertising purposes, yet it will prove very useful to practitioners, and puts before them in a clear and ready shape for reference all the numerous terms, apparatus, modes of application and uses to which this method of treatment is now applied. It has an unusually full vocabulary of terms, which is especially valuable as making the text easily comprehended, a point wherein the larger works are apt to be puzzling, unless to those students who are well posted in the physics of electricity. We would recommend the work as one that will be serviceable.—F. M. T.

Brain Exhaustion, with some Preliminary Considerations on Cerebral Dynamics. By J. Leonard Coming, M.D. D. Appleton & Co., New York, 1884.

It is becoming quite fashionable at this present time to write papers and treatises on nervous affections. This has a good *raison d'être* in the prominence which insanity has assumed in medico-legal cases, and when even expert testimony is so at variance on questions which affect the alienist. The Guiteau case is still the subject of considerable discussion, and to the minds of many as far from solution as ever. The present author has had considerable experience in the subject discussed, and has written a very readable work.—F. M. T.

S. A. Bonesteel has been made professor of descriptive and surgical anatomy; and S. A. Fisk, professor of descriptive and topographical anatomy.

OBITUARY NOTES.

DINNER.—Dr. Thomas H. Skinner died at his residence, in Brooklyn, New York.

He graduated from the University Medical College of Baltimore, Maryland, in 1873. He was a member of the New York County Medical Society, and Attending Physician to the Out-door Department of Bellevue Hospital.

Many have become victims to the use of opium and morphine, from the administration of these drugs for the relief of neuralgia. It is very gratifying to observe that such dangerous consequences may be avoided by the use of Tongaline or Liquor Tongae Salicylatus, which is almost a specific in the acute forms of that complaint.—Extract from June No. of *Med. Brief*.

MISCELLANY.

Tenacity of Tubercle Bacilli.—It has been doubted whether the sputa of tubercular patients, which are thrown on the streets and later mix with all kinds of dust, would ever cause the disease. To determine this question, Dr. Vignal (*Deutsche Mediz. Zeitung*, 1884, No. 1) has collected sputa, as they had been expectorated by phthisical persons in the streets. He mixed them with the common street dirt, moistened them, put them on a porcelain plate, suffered them to dry, again moistened them, again let them dry, and continued these experiments for a very long period of time. Then he made inoculation from these sputa in two Guinea pigs; one died a few days later from a different accidental complaint; the other first became fat—a proof of the experimenter's good feeding—then emaciated, and finally, three months later, died. The post-mortem showed a large number of tubercles, many in a state of caseous degeneration, and a great number of bacilli. This experiment proves that the sputa collecting in the streets and on the floors of dwellings, are by no means innocuous, but serve as pathogenic elements in persons predisposed to this disease.

New Method to Determine the Percentage of Cream in the Milk.—The present method is a very troublesome one, and occupies considerable time. In the last meeting of the Society for Natural Philosophy in Frankfort-am-Main, Dr. Lepsius described Foxhlets new method, which is as follows: A potash solution is added to the milk, and the latter is shaken with ether. With fine ærometers, the percentage of fat can be then easily determined in the ether. It is said, that while this method permits the same accuracy as the old one, it has the great advantage of great rapidity. In the same meeting the subject of the value of skimmed milk as a nutritive substance was also debated. It was generally admitted, that on account of its cheap price and percentage of albuminous material—this not being at all diminished by the removal of the cream—skimmed milk is of great value, especially for the poorer classes. At the same time it was shown that milk with the cream left in it, but diluted with water, loses in value as a nutritive substance, as the same percentage of albumen is no longer contained in the fraudulent fluid. They all agreed that substances of such common use as milk should be daily inspected by a government official, and any fraudulent admixture be made widely known.

Sudden Death in Diabetes Mellitus.—From the *Four. de Med. de Paris*, Feb. 9, 1884, we note that Frerichs has observed (*Zeit. f. Klin. Med.*), the mode of death in diabetes, a considerable number of whom

d suddenly. In these instances there was one common character—final coma. This, however, developed in different ways. Sometimes death was extremely rapid, caused by a general weakness. At other times it was not so rapid, beginning with cerebral symptoms and a sense of dyspnoea, with or without cyanosis, the breath having an odor of acetone or chloroform—this form lasting from three to five days. In a third series of cases the coma gradually developed and deepened without any of the cerebral manifestations of dyspnoea, but the breath had the same odor as that mentioned above. Frerichs thinks that in the first series the cause of death is paralysis of the heart from degeneration of the muscle; in the two latter groups, that it is brought about by a “diabetic intoxication,” the poison of which is unknown, but the substitution products acetone and acetylic acid.

A New Remedy for Scarlatina-Dropsy.—Dr. P. Heuser writes to the *deutsche Medicinal Zeitung*, 16, 1882, that he has nearly always achieved a rapid cure in scarlatina-dropsy, and even when internal remedies could no longer be administered, by the following method: He daily rubs into the skin, in the region of the kidneys, a mixture of one part of croton oil with two parts of ol. papaveris. Mostly one such injunction suffices to cause within a few hours the appearance of a severe irruption of the eruption, and simultaneously a great improvement in the condition of the patient, and amelioration of all the dangerous symptoms. The change for the better at once sets in with the commencement of the artificial exanthema. If the symptoms again become aggravated, the procedure is repeated. Internally, H. administers spirit. mindereri in small doses. During the time we were in Berlin a quack had probably saved the life of a child suffering from uræmia after scarlatina latens, by employing ischædism (ischædismus) over the region of the kidneys. This, as is well known, consists of an instrument which is applied to the skin, when by a sapper-like arrangement (as in wet cups the knives), 30 to 50 fine needles are suddenly let fly into the skin. These needles had previously been dipped into diluted croton oil. An irruption followed, and diuresis was re-established.

Effect of Decomposed Flour.—Whenever, in consequence of the eating of flour, in the form of bread or otherwise prepared, intoxication developed itself, the latter has always been ascribed to the presence of ergot. Of late it has been proven that the ptomaines (alkaloids forming the decomposing, rotten flour) cause the poisoning, and Prof. J. R. Manow (*St. Petersburg Med. Wochenschrift*, 35, '83) has now demonstrated by experiments that, while the presence of ergot will increase

the severity of the symptoms, make the poison more intense, the same intoxication, usually observed after eating products of flour, is produced by the ptomaines without the ergot, and that the length of deviation of the decomposition is of far greater influence on the danger of eating such flour than the presence of ergot. This seems to prove, what Virchow has long ago indicated, that the poisoning from sausages is also due to ptomaines.

Membranous Cast of Bowel.—To the Sheffield Medico-Chirurgical Society (meeting March 6, 1884), Mr. Edward Barber gave particulars of a case of chronic inflammation of the bowels, attended with the passage, *per anum*, of large quantities of false membrane, which were, in fact, casts of the bowel. He exhibited the quantity that had been voided in the preceding twenty-four hours. The membrane was of a soft gelatinous consistency, and of a greenish-brown color. The patient was a woman, aged 37, who had been married fourteen years, and had had no children. She suffered a good deal from neuralgia, was of a dull and desponding nature, and was beginning to exhibit symptoms of pronounced hypochondria. Dr. Law and Dr. Banham referred to similar cases that had occurred in their own practice. Dr. Keeling pointed out that there was an essential difference between the membranes exhibited and those given off from the uterus in cases of membranous dysmenorrhoea.

The Poison of Diphtheria.—The Empress of Germany has awarded the prize for the best work on diphtheria to Professor Otto Heubner, in Leipsic. He proves that in case of suppressed circulation (by occlusion of the capillaries) in the submucosa, oedema, inflammation, and inflammation with formation of false membranes, issues in the mucous membranes (Cohn's view), that the poison of diphtheria is still as unknown as that of morbilli, scarlatina, etc., and that that form of diphtheria heretofore artificially developed in animals *is by no means identical with that observed in human beings*; and that any substance causing the above-mentioned morbid condition (occlusion of vessels of supply) will give rise to artificial diphtheria. The proof is clear, and upsets all American discoveries of the micrococcus of diphtheria.

An Enormous Urinary Calculus.—From the *Med. Times and Gaz.*, March 22, 1884, we learn that, at a meeting of the Calcutta Medical Society, Dr. Cayley gave an account (*Indian Medical Gazette* for January) of a case of calculus occurring in a native about fifty years of age, who had for some three years suffered from symptoms of stone, which of late had become very urgent. Lateral lithotomy was at-

tempted, but could not be executed on account of the great depth of the perinæum, and the large size of the calculus. Even after the supra-pubic operation had been undertaken, its extraction was found very difficult, as it nearly filled the bladder. When removed, it weighted $25\frac{1}{2}$ ounces. The patient died two days after the operation, and no autopsy was permitted.

Renal Calculus. By Thomas M. Jordan, M.D., Hookertown, N. C. Mr. D. V. D., æt. 27, of bilious temperament, began to complain of dull, aching pain in the lumbar region in June, 1883. Being hard worked mentally, and of a very sedentary habit, I attached little importance to his frequent, yea, almost constant complaints, till, in October, when he was taken down with nephritic colic. This was relieved in the usual way with morphia hypodermically, etc. Contrary to the rule in a majority of these cases, the attacks recurred again and again. Confirmed then in the opinion that I had an impacted, or, at least, a calculus in the kidney to deal with, I gave him all the usually prescribed remedies for the solution of the stone. But my hopes were blighted every time, till, in January, 1884, I concluded to order lithiated hydrangea (Lambert & Co., St. Louis). I prescribed it in drachm doses four times a day. The patient, who, by the way, is a student of medicine, and very intelligent, expressed himself in a few days as feeling better. He had only one attack of colic during the time he took the first bottle, and when he had used the second bottle he had a very light attack, in which he passed a skeleton-stone, *i. e.* a mere shell. He is still using the medicine, but he has had no return, and to all appearances is well. I have used the hydrangea in only one case of cystic disease outside that reported above, but with favorable results.—*Philadelphia Med. and Surg. Reporter.*

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF
MEDICAL OFFICERS OF THE UNITED STATES
MARINE HOSPITAL SERVICE—JAN. 1
TO MARCH 31, 1884.

FESSENDEN, C. S. D., Surgeon. To proceed to Cairo, Illinois, and Memphis, Tennessee, as inspector, March 5, 1884.

PURVIANCE, GEORGE, Surgeon. Granted leave of absence for thirty days, February 16, 1884.

SMITH, HENRY, Surgeon. To rejoin his station at Norfolk, Virginia, March 7, 1884.

IRWIN, FAIRFAX, Passed Assist. Surgeon. Relieved from duty at Norfolk, Virginia; to assume charge of Cape Charles Quarantine Station, March 7, 1884.

- CARMICHAEL, D. A., Assist. Surgeon. To report to Surgeon Purviance for examination for promotion, March 5, 1884.
- ARMSTRONG, S. T., Assistant Surgeon. To report to Surgeon Fessenden for examination for promotion, March 5, 1884.
- BENNETT, P. H., Assistant Surgeon. Leave of absence extended ten days, January 18, 1884.
- AMES, R. P. M., Assistant Surgeon. Detailed for temporary duty on relief boat—Ohio River flood sufferers, February 16 and March 1, 1884.
- DEVON, S. C., Assistant Surgeon. Upon expiration of leave of absence, to proceed to St. Louis, Missouri, for temporary duty, February 6, 1884.
- KALLOCH, P. C., Assistant Surgeon. To proceed to Charleston, South Carolina for temporary duty, February 1, 1884.
- BEVAN, A. D., Assistant Surgeon. Granted leave of absence for seven days, March 13, 1884.
- WASDIN, EUGENE, Assistant Surgeon. Granted leave of absence for fifteen days, March 4, 1884.
- BATTLE, K. P., Assistant Surgeon. To proceed to New York, N. Y., for temporary duty, February 4, 1884.

RESIGNATION.

- COOKE, H. P., Passed Assist. Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect February 5, 1884. January 31, 1884.

APPOINTMENT.

- BATTLE, KEMP P., M.D., of North Carolina, having passed the examination required by the Regulations, was appointed an Assistant Surgeon by the Secretary of the Treasury, February 2, 1884.

PROMOTIONS.

- CARMICHAEL, D. A., Passed Assistant Surgeon. Promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from March 1, 1884. March 18, 1884.
- ARMSTRONG, S. T., Passed Assistant Surgeon. Promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from April 1, 1884. March 28, 1884.

MISSOURI MEDICAL COLLEGE,

ST. LOUIS, MO.,

The Oldest and Largest School West of the Mississippi.

THE FORTY-FOURTH YEAR, BEGINNING OCT. 1, 1884.

Entire Course of Lectures, including Matriculation Fee, Hospital Tickets, and admission to Dissecting Room, \$75.

For circular address,

T. F. PREWITT, M.D., Dean.

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

AUGUST, 1884.

PHTHISIS PULMONALIS.—HOW AFFECTED BY THE CLIMATE OF COLORADO, AND WHAT ARE PROPER CASES TO BE SENT HERE.

BY L. H. WOOD, M.D., DENVER.

An attending Physician to St. Luke's Hospital.

[CONCLUDED.]

In entering upon the determination of what cases of phthisis are likely to receive benefit from a more or less prolonged residence in this climate, it would seem natural to first enter upon a careful study of the pathology of phthisis; but this is a subject upon which pathologists still hold very diverse views; and we find, that, while Virchow taught, that chronic phthisis was a scrofulous disease, and divided it into catarrhal and fibroid, according as cheesy degeneration or fibrous proliferation were found; Rindfleisch declares its origin to be in a form of bronchitis; tubercle, as a result, being deposited at the junction of the ultimate bronchiole and the pulmonary vesicle; and Cohnheim, believes that both tubercular and cheesy phthisis result from a true infection, presumably caused by the bacillus tuberculosis.

Many other opinions have been expressed by no less worthy authori-

ties, and, it seems that we should look in vain for any solution of this problem as a result of its pathological consideration. We must rather consider the history and etiology of our cases, and study their condition as shown by their symptoms, and by a careful physical examination, if we would arrive at a correct solution of this important question.

For convenience of study, without expressing an opinion as to its true pathology, let us follow approximately the classification of Neimeyer, and divide cases of consumption into three groups or classes, as follows :

(1) Tuberculous consumption; in which the deposit of tubercle is the primary lesion.

(2) Catarrhal phthisis; which is "not the result of neoplasm, but of inflammation," and in which the tuberculosis is "preceeded by a pneumonic process, which, by casious degeneration of its products, has prepared the soil for the growth of tubercle." (Niemeier.)

(3) Fibroid phthisis, which is also a result of preceeding inflammatory disease, resulting in fibrous contraction of the lung.

Before considering the influence of this climate upon these several forms of phthisis, let us first study the advisability of sending any individual patient under consideration away from home and friends. This question becomes the more important when we take into account the fact, that, to effect a climatic cure, in a disease so essentially chronic in its nature, it is not a matter of leaving home for a few days or weeks, but, that the duration of the change must be measured by years, if, indeed, it ever be prudent for the patient to return to the locality in which the disease originated; hence, it often involves a permanent change of residence.

No greater mistake can be made than for a consumptive to come to a climate, which is characterized by considerable elevation and dryness, remain there for a time, and, after experiencing no material change, or perhaps a slight improvement, return to his old surroundings, either from discouragement, homesickness or necessity. More especially is this true, if this home be by the seashore, exposed to raw, damp, east winds; or near the lakes, where equally moist winds prevail.

Experience has shown conclusively that such a course is almost sure to be followed by a return of the former symptoms, or by their aggravation, if no relief has been experienced, and that a rapid decline is a result in consequence. If a change of climate be decided upon, let it be also advised that it be a permanent one, provided it prove beneficial; at least, its duration should be long enough to allow a complete cure to have taken place.

There will, therefore, enter into this problem the necessity of severing home ties, and, it may be, the arrangement of financial matters, involving the question whether suitable employment can be obtained, and the ability of the patient to attend to its duties if it be obtained.

Such things may be said to be outside the domain of medicine; yet, to the careful and conscientious physician, nothing which concerns the welfare of his patient is beneath his thoughtful consideration; and nothing should be overlooked or neglected in determining so important a question as whether an invalid, who, it may be, is not wholly unable to perform light labor, shall leave home, friends and employment, to seek health in a new and unknown locality; for, if the patient be discontented, being depressed by homesickness and loneliness; if he be obliged to do imprudent things to gain a livelihood, it becomes doubtful whether any climatic change will be of benefit, especially when it must be permanent, or, at least, of long duration.

We now to come to the main question under consideration: can we positively determine in a given case whether the climate of Colorado will be of benefit; or, in other words, whether this is a proper case to send here? It is not probable that we can in every case, but in very many we can predicate with a considerable degree of assurance. The proportion of doubtful cases is being constantly diminished by the careful study of the effects of the climate upon the invalids who come here, and the profession thereby gaining more experience.

In a disease which presents so many varied phases as we find in consumption, it is impossible to formulate any fixed laws for our guidance which will apply to all cases; yet, certain facts are well proven, and will apply to so large a proportion of these cases as to give us valuable assistance.

In the early stage of the disease, when the amount of consolidation is small, and the general health but little impaired, the probabilities are that improvement, resulting in arrest and permanent cure, will follow a removal to Colorado, regardless of the form of phthisis which may be present; but the removal must take place very early in cases of hereditary phthisis, in which true tuberculosis is suspected to exist from the first.

In tubercular phthisis it is doubtful if recovery often takes place under any circumstances except during a very early stage. After considerable deposit of tubercle has taken place it is usually folly to advise removal to another climate with an expectation of cure; but, for comfort, they had better spend the winter in a warm latitude, while the summer may be passed with advantage in Colorado.

I believe no form of phthisis receives greater benefit than that which has its origin in an attack of catarrhal pneumonia, followed, as it often is, by rapid deposition of cheesy tubercle, which, in many cases, will soon break down forming cavities, and often runs a rapidly fatal course, if the patient be allowed to remain in a moist and inclement climate.

This form of disease is most frequently met with in persons whose general health is below par, who are more or less broken down by overwork, dissipation, or excess of some kind. It rarely affects the robust or those in the full vigor of life.

A warm, asthenic climate tends to lower the vitality, and to weaken still more the debilitated invalid; hence, such a climate favors the progress of consolidation, and promotes the breaking down of the diseased lung.

These cases need a dry, stimulating atmosphere, which will tone up the depressed system, and improve the power of assimilation. Elevation is also conducive to the arrest and cure of this form of consumption; it necessitates deeper inspirations, and the active use of all portions of the lungs which are still in a healthy condition; this appears to improve local nutrition, and also to favor the absorption of the morbid deposit, as well as the return of the consolidated lung to an active and healthy condition, if its restoration be still possible. Of the exact *modus operandi* by which this is accomplished there is much as yet unexplained, but the facts are none the less obvious.

Fibrous phthisis is favorably affected by the climate of Colorado. The conditions here present tend to prevent further contraction of the lungs, and, in a measure, to improve the existing condition; but, if too large a portion of the lungs be contracted, so that only enough remains capable of inflation to support life at the sea-level; then, removal to an elevated region is not advisable, for the rarer atmosphere would doubtless increase not only the dyspnea, but also all the various symptoms which result from contraction of the pulmonary tissues.

A differential diagnosis between the several forms of phthisis is often difficult, and is probably of less importance in deciding the question of proper climatic treatment, than a careful consideration of the condition of the patient, as shown by the symptoms, and by a careful physical examination, whereby the amount of consolidation, and the presence of softening or cavities are determined. We should also observe the character of the cough and expectoration; for a dry, irritable cough is apt to be aggravated, while a moist one with free expectoration is usually affected favorably. The presence of dyspnea, and of febrile exacerba-

tions are important data, as is also the state of the general health, and the condition of the digestive apparatus; whether from dyspepsia or other disease, proper nourishment of the patient be inefficiently performed.

Dr. Solly writes upon this subject as follows: "The question of the expediency of any special case coming, depends probably little on the particular form of consumption, but much upon the extent of the mischief and the amount of reserve force in the patient to stand the stimulus." Again he says: "So, also, before softening has begun, but much of the lungs are solid it becomes a question whether there be enough healthy lung left to breathe with in the rarified air, and whether the softening stage may not be precipitated by a change to Colorado."

Dr. Solly sums up the matter in these words: "The broad principle is as follows: Send the thin blooded to Colorado; keep the full-blooded away. Send those on the upgrade of life, and not those on the down. In disease, except in that of the lungs, where there is actual change of structure, avoid the too rapid life which this climate causes."

In the present state of our knowledge, there will be some cases in which we can neither give a positive assurance of recovery, nor yet feel sure that they will not do well here; in such cases we can only say, come and try; but, if they do come, they should remain long enough to be quite sure of the influence this climate is having upon their disease, and not be too easily discouraged, otherwise the result of a vacillating course may be more disastrous than it would have been had they not left home at the first.

But it is not alone sufficient that a patient come to Colorado to insure the full benefits of this remarkable climate. A proper mode of life, and prudent conduct, are of equal importance. In this high altitude, with its resulting light air, good ventilation is of great importance; and the dryness of the air makes it possible to open the windows freely at all seasons of the year without taking cold.

During the summer the consumptive will derive great benefit from living, or more especially *sleeping* in a tent. Camp-life in the mountains, preferably among the pines, is without doubt the most advantageous; the invalid being well supplied with good digestible food. If for any reason this be impossible, it is often quite feasible to pitch one's tent in a village dooryard, where good meals can be obtained at a neighboring boarding house or hotel.

Ranch-life, under proper conditions, is to be recommended as next to tent-life in giving good results; but here the question of obtaining good food is often difficult of solution, and its importance should not be underestimated.

The winter is best spent in the cities by most invalids, and in no place can he obtain more comforts than in Denver, with its many comfortable homes open to the reception of the health-seeker, and good hospitals if he be in need of greater care. The recent discovery and introduction of artesian water in Denver has been of inestimable value. This water is very pure and palatable, being compared by some to the Apollinaris water; its healthfulness is beyond question.

Here will be found excellent churches, schools, and theaters; and it is probably the residence of a larger number of recuperated invalids, now able to enjoy life, and take an active part in its duties, than any other city of its size in the world.

For a winter residence it is unsurpassed, although during the summer the mountains should be resorted to, and if possible consumptives ought to camp out.

Not many years ago it was the custom of physicians to advise pulmonary patients to take a great deal of active exercise. They recommended singing, the use of the spirometer, taking slow, deep inspirations, filling the lungs, and then, by throwing the shoulders well back, endeavor to expand the chest as much as possible, afterwards allowing the air to escape very slowly. By these, and other forms of pulmonary gymnastics, they endeavored to inflate the consolidated lobules. After a time we began to be warned against too violent efforts at expansion, and too active exercise, and to be taught that we thereby increased the febrile excitement, and that when there was any disposition to hectic all exercise should be taken in the early part of the day. Doubtless this was a movement in the right direction; and no where is its importance more apparent than in a dry elevated region. The invalid who comes here with a daily elevation of temperature during the afternoon of from three to five degrees, ought to keep very quiet for a long time. He should take no very long walks, and his short ones should be taken very slowly. Indulgence in equitation must be deferred until he becomes somewhat acclimated. He ought to take all the sleep possible, and the observance of the most perfect quiet of body, and peace of mind, will most quickly rid him of his fever, with its accompanying night sweats.

There are several reasons why this is so, the most important being these: First, that the unaccustomed breathing of the rarer air causes dyspnea upon the least exertion, and occasionally imprudent exertion in the new-comer gives rise to a pulmonary hemorrhage, followed sometimes by a grave pneumonia. Secondly, the fact that elevation and dryness are both excitants to the heart's action, and also nerve irritants;

and we find that very little exertion is followed by a considerable rise of temperature. In dry elevated regions fever temperatures rise higher than usual under similar conditions at the sea-level. Even when great care is observed to avoid exertion, a certain elevation of temperature, a quickened pulse, and marked dyspnea, usually occur during the first few weeks residence. These alone should not discourage the invalid; if he be prudent and keep quiet, he will soon get accustomed to the climate; or, rather, his system will have accustomed itself to its environment, and he will have become acclimated. If he do not, after sufficient time has escaped, it is probable that he ought not to remain here.

Many invalids come here, and immediately begin to take long walks, climb stairs with their usual haste, ride horseback for hours, dance, and have a good time generally, and—wonder why they do not get well,—that they have a hemorrhage, or possibly pneumonia;—while the result might be quite different if they used proper prudence, the lack of which is more often the result of ignorance than of folly.

The consumptive usually comes here with his valise full of medicine brought from home, and well armed with prescriptions suitable for every emergency which the prudent family physician can foresee; hence, he often postpones for a time consulting a resident physician. That this may often be indiscreet is apparent, when we consider the marked characteristics of this climate, and the conditions which consequently obtain here, the effects of which cannot always be foretold; while, at the same time, proper advice would enable the patient to avoid indiscretions and to place himself in the most favorable condition to receive the full benefit to be derived from the truly wonderful climate of Colorado.

TREATMENT OF PREGNANCY—VOMITING.

By C. B. RICHMOND, M.D., GEORGETOWN, COLO.

Being interested in reading in the *MEDICAL TIMES* of recent date, a discussion by the Arapahoe County Medical Society of the above disorder. I thought it not out of place to report the success of a remedy not mentioned by them, and but recently known to me. A report of a few of the worst cases will suffice for what I have to say.

Case 1. Mrs. C., aged 22, called on me during Oct. '83, about two months pregnant, complained of sickness and vomiting during the forepart of each day, as with previous pregnancy, as she was becoming so weak, wanted me to do something. I tried her on all the popular remedies of

the day, without effect, I came in possession of a small quantity of K. & M.'s Bromo-Coffeine, thinking only to give her something to do until time could remedy the trouble, I gave this remedy a trial. It was not long, however, when my patient returned for more of the medicine, saying that I had hit it at last, as the last medicine had completely relieved her sickness, and that it did not return for two or three days after the last dose.

Case 3. Mrs. M., primipara, aged 23, first pregnancy, consulted me April 10, 1884, five months pregnant, sickness and vomiting for several weeks, for relief of a distressing cordialgia. Put her on Bromo-Coffeine, dessert spoonful in half a glass of cold water on retiring, and before rising, with a perfect relief of all the distressing symptoms. After a few doses she took it only once in two or three days, when there were symptoms of trouble, with relief of both each time.

Case 3.—Mrs. S., aged 24, first pregnancy, third week, complained of sickness and vomiting each morning, and at night such pain in her back as to keep her from having proper sleep. Treated her same as those above with relief of sickness and backache. She afterwards informed me that I not only relieved her of the above troubles, but she had entire relief from her accustomed sick headaches.

Case 4. Mrs. M., multipara, aged 26, second pregnancy, at eighth month, had morning sickness as in first pregnancy during whole time, came to me for relief of intense cordialgia and morning sickness. Placed her on same treatment as other cases with the usual result of complete relief of both symptoms.

I did not make uterine examination of any of these cases, so did not see anything to lay their troubles to, except the fact that they were pregnant.

Some of these women told me that they had had female weakness, following their first confinements, and I doubt not had I examined some of these cases I would have found flexion, granular erosion of the cervix, etc., etc. I may come upon cases yet that may need other treatment, but will always feel like trying Bromo-Coffeine first.

Read Parke, Davis & Co.'s advertisements in this number of THE TIMES.

We are just in receipt of the 4th announcement of the Medical Department of the University of Denver. That this school is destined to be one of the leading medical colleges in the United States, we have not the slightest doubt. We are pleased to see the names of Drs. S. A. Fisk & S. A. Bonesteel added to the faculty.

IS THE LABOR OF THE RESPIRATORY MUSCLES LESSENED BY A DIMINISHED ATMOSPHERIC PRESSURE?

By L. H. WOOD, M. D., DENVER. COLO.

In the July number of the DENVER MEDICAL TIMES, there appeared an article entitled, "Negative Pressure—A Reply," which is intended as "a reply" to certain criticisms of its writer's views made by me in my article upon Phthisis Pulmonalis; also to "controvert some statements of such an astounding nature" which were made in the article above mentioned.

My worthy critic has arrayed against his victim the combined forces of Drs. Denison, Fisk, and Dr. Michael Foster, F.R.S., the Prælector in Physiology and Fellow of Trinity College, Cambridge. He informs us "that the two former have taken their stand in this matter and have sided with Dr. Foster;" whether for their own protection, or, to protect Dr. Foster from the direful results of Dr. Wood's censure, is not clearly apparent; but, if it be the latter, we will extend our congratulations to Dr. Foster upon his able support, and express the hope that they may still side with him, after their attention has been called to *his* views upon the question under discussion. If they do, it is to be feared that they will be obliged to desert "their stand," which has been so confidently taken.

Truly, it is an honor to have been considered a **worthy antagonist** to so able and profound a physiologist as Dr. Foster, and for this allow me to express my thanks.

But, not too fast; it may be, that, upon more careful examination, Dr. Foster and Dr. Wood may *not* be found to disagree.

Let us see what are these statements and criticisms which have called forth this reply.

After making various quotations from Dr. Foster, and from my article upon Phthisis Pulmonalis, in which latter are included *portions* of the several quotations which I had made, and extracts from my criticisms upon them, my critic seems to have summed up his adverse remarks in the following two *assumptions* of my position, to-wit: That Dr. Wood "has committed himself to the view," first, "that 'the air contained in the chest can neither be condensed nor rarified by the act of respiration,' " and, second, "that 'this approach to a vacuum' cannot in any manner be a means of 'drawing the blood quickly into the pulmonary vessels.' "

A careful reading of the *whole* of my remarks will show that this is

an entire misconception of my statement, and indicates that my critic has failed to understand my meaning. Although I used the words above quoted, I preceeded them by the following clause, which essentially modifies their meaning: "There exists no obstacle to the free admission of air to the lungs in inspiration,—if we except the friction on the walls of the air passages, which with the *vis inertia* of the air itself is the force opposed to the action of the respiratory muscles." The existence of a difference of pressure during respiration, between the outside and inside of the chest walls, I do not question; that is a well demonstrated fact; but, that diminished atmospheric pressure is a means of lessening the pressure upon the outside of the chest, without at the same time and equally, diminishing that upon the inside;—that diminished atmospheric pressure can diminish the resistance which the chest walls encounter in dilating, thereby lessening the labor of the respiratory muscles; or, that it alters the pressure upon the pulmonary capillaries, out of proportion to the rest of the body, so as to "draw the blood quickly" into them;—these are the views to which I expressed my dissent, and in which I differed from my critic.

Coincidentally with the expansion of the chest walls, a portion of the atmospheric pressure is expended as force to move the column of air necessary to fill the chest; and this amount of force, that is, enough to move this column of air, is supplied by the respiratory muscles, and *this* constituted a resistance against which they exert "a certain amount of force to overcome." (The resistance due to the elasticity of the lungs and chest walls has not entered into this discussion.)

My critic has asserted that *atmospheric pressure* is a resistance against which the respiratory muscles exert their energy, as is plainly stated in the following words: "It is evident that in inspiration the respiratory muscles, in raising the chest walls, displace a certain amount of air, and overcome a certain *resistance due to atmospheric pressure*." This is a plain assertion that atmospheric pressure is in itself a resistance to be overcome in respiration, and if this were so it would follow that the amount of this resistance would be less with diminished atmospheric pressure. This he assumes as follows: "These muscles, accustomed to exert a certain amount of force to overcome this resistance, would continue to exert this force, even though the resistance were diminished." He carries this argument still further, and uses it to explain the increase in the capacity of the chest; affirming that, as the pressure is less on the outside of the chest walls, the muscles continuing to exert their accustomed force, would raise them higher, finding less resistance, and hence

there results the increased capacity of the chest." (I believe I have not mis-stated the Doctor's hypothesis.)

It has been my endeavor to show that this is an erroneous theory, wholly lacking the "basis of facts;" and, to allow such a perversion of physical and physiological laws to go without comment, would result in a complete chaos of ideas in regard to the effects of elevation upon the function of respiration.

Let us see what Dr. Foster has to say upon this matter. Dr. Fisk quotes from his physiology as follow: "The cavity of the chest is enlarged, in consequence, the pressure of the air within the lungs becomes less than that of the air outside of the body, and this difference of pressure causes a rush of air through the trachea into the lungs until an equilibrium is established between the air outside and that inside the lungs."

Dr. Foster has here given a very able and accurate account of the act of inspiration, and goes on in similar words to explain the act of expiration. He has here stated that there is a "rush of air through the trachea into the lungs until an equilibrium is established."

This statement is itself proof that Dr. Foster considers atmospheric pressure to be the same upon both sides of the chest walls, otherwise no equilibrium would be established. The only work performed "by the contraction of certain muscles" enlarging the "cavity of the thorax," which is mentioned by Dr. Foster, (and the Doctor is too careful a writer to err by omission,) is to "cause a rush of air through the trachea into the lungs. He also, on page 226 of his physiology, edition of 1879, says, "external work has been effected by the respiratory act, viz., the movement of the column of air." Yet, this is precisely the "statement" which, when made by me, as the *vis inertia* of the air," and its "friction on the walls of the air passages," is characterized by my critic as being "of such an astounding nature" that it "ought not to go uncontroverted."

The Doctor, (my critic), as if to make his own position in this matter the more plain and unmistakable, gives the amount which he supposes this pressure to be by quoting Donders' experiment wherein he found "by means of a manometer fitted into the nostril that the negative pressure of a strong inspiratory effort varied from 30 to 74 in. m., while the positive pressure of a strong expiration varied from 62 to 100 m. m." He has here again made a partial quotation; for reference to Foster's physiology tells us that in this experiment the manometer "is fitted with air-tight closure into one nostril, the other nostril and the mouth being closed, and *efforts* of inspiration and expiration made," and that the

above is the amount of force or pressure which results from strong inspiratory and expiratory efforts; that is, the force that the inspiratory and expiratory muscles are able to exert against an obstruction.

He evidently has overlooked Donder's experiment whereby he demonstrated the pressure which exists during normal respirations, (which is the question under discussion). This Dr. Foster has given in the same paragraph with the above, as follows: "When a manometer is introduced into a lateral opening of the wind-pipe of an animal, the mercury will fall, indicating a negative pressure, as it is called, during inspiration, and rise, indicating a positive pressure during expiration; the former or negative pressure amounting to about 3 m. m., and the latter or positive pressure to 2 m. m. of mercury." The difference between a pressure of from 30 to 100 m. m., and one of from 2 to 3 m. m. is sufficient evidence of the amount of the error which I have pointed out, and of its importance.

As regards the effects of respiration upon the circulation, it is true Dr. Foster writes as my critic has quoted, but, before completing the discussion of this subject. Dr. Foster says, that, in artificial respiration the "conditions, under which the thoracic viscera are placed as regards pressure, are the exact opposite of those existing during natural respiration; for the pressure within the chest is increased instead of diminished, when air is blown into the trachea to distend the lungs;" yet, "undulations of the blood pressure curve are observed similar in character to, though less in extent than those seen under natural conditions." Hence, he concludes, that, "Evidently the respiratory blood-pressure which occurs during artificial respiration cannot be explained on mechanical grounds."

The effects upon the circulation produced by opposite conditions, as regards the pressure of the air within the lungs, differ in degree only, not in kind; it is evident that some other explanation of the facts observed must be sought. Many other conditions obtain which affect the tension of the pulmonary vessels, besides the density of the air within the chest; such as muscular pressure, elasticity of the lungs, and of the chest walls, etc., but my criticism referred simply to the implied assumption that diminished atmospheric pressure "tends to draw the blood quickly into the pulmonary vessel."

Anticipations of what another may write are liable to disappointment, and remarks which reflect upon the subject matter, and upon the way in which it will be received, are certainly premature. For "some actual, reliable and unvarying test for ozone" I refer the Doctor to the committee appointed by the American Medical Association to investi-

gate that subject, as it is not at present engaging my attention. I trust he will not find any theories to have been advanced *in lieu* of facts at present unknown.

After publication, honest criticism should be received without offense; for, if rightly indulged in, it is both a check to hasty theorizing, and an encouragement to careful study.

"Popular similes" seem to be especially objectionable to my critic; but, if well drawn they cannot be misleading, and certainly if they carry conviction they cannot injure.

THREE CASES OF NON-PUERPERAL PELVIC CELLULITIS.*

By A. J. RUSSELL, M.D.

A lady aged 23, married two years, never pregnant, fine physique, weight about 135 pounds, figure erect, family history perfect, matured at 14, menstrual life normal, was taken unwell at the expected monthly epoch, Nov. 10th, 1882, while out driving with her husband; the discharge continued through the following night, but had disappeared entirely by noon on Nov. 11th; that night she had severe vertical headache and was unable to sleep; for the next two days she was confined to her lounge, taking in the meantime hot teas, pediluvia, etc., etc. During the forenoon of Nov. 13th, the flow not having returned and the lady feeling quite sick from alternate chills and hot flashes, it was decided to call in medical aid.

She was reclining upon her lounge, face quite flushed, eyes bright, frequent pulse, very nervous, temperature $105\frac{1}{2}$, extreme thirst, tongue dry and mouth pasty. She was ordered to bed and upon digital examination the vagina was found hot and swollen, and rectum stuffed with scybala; above posterior vaginal pouch, on either side of the cervix and at Douglas cul-de-sac the parts were exquisitely tender to the touch and imparted to the finger a sort of bulging contour. Bimanual examination gave a well marked pelvic tumor, somewhat boggy to the fingers, in the vagina and occupying nearly all of the pelvic space below an imaginary line, say from the centre of the inner pubic face back to a point about the third piece of the sacrum. The uterus was not sounded; the neck and mouth seemed natural, position in vagina normal, but there was an unnatural resistance about it upon application of pressure from any direction, the mobility greatly diminished; but squeezing the organ between the two fingers in the vagina and those of the hand upon the outside of

*Read before the Denver Medical Society, June 24, 1884.

the abdomen showed little if any tenderness. She got an enema of warm water until the rectal tube was entirely emptied, this was followed by a hot bath for 20 minutes, she was then wrapped in warm blankets and a flax-seed meal poultice, covered with rubber cloth, neatly bound around the lower part of the abdomen; hot vaginal irrigation was kept up for an hour at a time, repeated four times daily; a saline laxative mixture containing minute doses of autimonial wine administered until the bowels were opened and then afterwards sufficiently often to maintain them in a soluble condition. Opiates, combined with chloral hydrate, to quiet pain and control nervous excitement were used as occasion demanded. On the fifth day from the time the discharges ceased she chilled for 15 or 20 minutes and the thermometer went up again to 105 deg. She was delirious that night, but feeling somewhat more comfortable next day. The most careful examination failed to detect softening or any evidence of fluctuation about the mass which had now increased so as to apparently occupy every inch of available space throughout the lower part of pelvic cavity; the vaginal walls were hot, dry and destitute of any kind of discharge. Each succeeding visit for the next six days found patient very much the same with gradually falling temperature, daily chilly sensations and, perhaps, less pain, but no evidence of fluctuation could be found. On the morning of the 24th a spot at the right side of cervix, above posterior vaginal pouch, seemed to yield a little before the finger when deep pressure was made directly upwards along the side of the womb. There was considerable doubt, however, about this condition and the fear was shared in by my friend, Dr. Wm. H. Fay, who had kindly consented to assist me in the case when surgical interference should become necessary; our consultation, however, resulted in deciding to cautiously pass an aspirating trochar directly into this point and to push it on for three inches, unless it should be found to enter the pus cavity at a shorter distance; the instrument had penetrated about two inches into this inflammatory effusion when it was distinctly felt to enter a cavity of some kind and all resistance to its ingress was gone—it was then pointing almost directly backwards, the first suction of our aspirator filled the cylinder with a thick, creamy pus, stained here and there with broken down blood clots; about five ounces of this debris was drawn off and the cavity washed with iodinized water. She rested well the following night and upon examination next morning a decided change for the better was manifest, the induration and bulging of the vagina had materially lessened, the soreness greatly diminished, pulse and temperature both fallen, and her general condition more satisfactory. She was up and about the

parlors in three days, and in spite of all precautions went driving with her husband in less than a fortnight. She missed her next monthly sickness, and the succeeding one was established with but little pain. From that time up to the present writing she has continued in perfect health. The sub-peritoneal space in the female pelvis as we all know is packed in and filled up with loose, fatless cellular tissue, wherever this room is not occupied by the pelvic organs proper. Certain regions again are more abundantly supplied than others with this tissue, for instance, between the folds of the broad ligaments and especially in the immediate neighborhood of junction of these peritoneal duplicatures with the sides of the uterus; besides this tissue there is a conglomerate network of lymphatic vessels, intermingled with blood vessels of important size, both veins and arteries, the wounding of which would certainly give rise to unexpected embarrassment in case of surgical operation through these parts; remembering these facts, I was particularly anxious while penetrating into this mass so close to the womb, for I was convinced that the pus cavities first formed in those regions and that they had gradually approached and finally became blended into one. Left to itself I am of the opinion that the destructive process would have widened and spread next towards Douglas pouch, where perhaps the opening might have been made with more ease and much less risk; but whether it would have been wise to run further risk in waiting on a termination of this kind which I had no means of knowing to a certainty is a question that must be left to individual judgment. It is the practice of some good surgeons to make exploratory punctures with fine needles into the sub-peritoneal space as soon as suppuration is suspected and not to wait for points of softening or evidence of fluctuation, and when the needle grove shows pus, to cut up until the abscess is reached. This practice I would deem hazardous in the extreme, for we are not certain and cannot at present decide what particular sub division of this important region may be the first to break down, and such excursions through innocent neighborhoods after an enemy which is not known to exist at all up to the moment of the trial, must of very necessity be hurtful to parts already congested and ready to take on quick inflammatory action. I know of no positive sign, which is ever present in all cases, that will announce to the surgeon the formation of pus in this cavity and that the time for operation is at hand, but the one which we used in this case, i. e., softening at a given point; unless we are certain of an abscess having formed, we had better far withhold stabbing into these parts until there is something to repay us for the risk, as the next case will show how these

violent inflammations may terminate happily sometimes by resolution, when we least suspect it :

On the 21st day of last April, Mrs. L., aged 28, consulted me for relief of quite a severe dysmenorrhœa and constant sacralgia. Examination showed obstruction to a flexible flat silver probe at inner os. In trying to gain access to body of womb, which I always do with every possible care, I must have done sufficient injury to the organ to excite the following train of symptoms, although she did not complain of pain at the time of treatment nor until the evening of the same day about (8) eight hours afterwards, when she noticed a tired or aching sensation thro' her hips and back. She had a restless night and a coated tongue, next morning, got up to breakfast but left it untouched, remained up through the day, and was miserable with pain increasing through lower part of pelvis; towards bed-time was very sore and retired in a moderate chill; a sleepless and feverish night followed with great distress towards morning, at which time she took a dose of laudanum, rested a little better for several hours, when a second chill came on, more violent and of longer duration than the first. Word was left at my office that evening for me to call, but I did not get around to her until the next morning, when I found very much the same condition of parts as was described in the first case—that of Mrs. C. Similar treatment was given from day to day and each day fluctuation or softening of the mass at some point was fully expected. In another week decided diminution of bulging at the end of the vaginal canal, with increased mobility of the cervix, was noticed; her appetite gradually returned and on June 3d she reported at the office for further treatment, entirely well of the cellulitis, having menstruated once in the mean time. It is always a good rule in surgery, I think, "to let well enough alone, and, when we have nothing to do, to do nothing;" therefore I say in this particular inflammation we had better avoid exploratory punctures as long as possible or consistent with safety, for these parts are intolerant and will often take on increased inflammatory action when we are not looking for it. Inflammation of this cellular tissue or of its lymphatic vessels may be excited, and probably is often kindled by rough and improper manipulation. Whether this was an element of causation in the above case or not I leave to your own conclusions. I, at least, tried to use all ordinary care, and think that the parts were ready and ripe at that time to take cognizance of the slightest disturbance. But I now wish to relate one of the most interesting and perhaps instructive cases of non-puerperal cellulitis that I have seen for a long time. The case is briefly this: Mrs. S., aged 31, brunette, nativity U. S.,

matured at 14, menstrual life regular, six (6) years married, pregnant twice, both gestations terminating prematurely, one at 7 mos. and the other at 2d month, accidental causation in each; last impregnation 3 years ago. She was using a Davidson's syringe in taking a vaginal douche on the night of January 31, 1884, merely for the purpose of cleanliness: was sitting over an ordinary bed-chamber with body slightly inclined forward, the water was medicated with what she supposed to be a weak solution of alum; suddenly she felt what she describes as little, sharp, darting, needle-like pains in the small of back. which rapidly extended around to the front and became heavy, bearing-down pains, such as she remembered having at her first miscarriage. The family physician was called and gave her morphine hypodermically, a violent sickness followed for the next few weeks, when an abscess was opened through right vaginal fornix. In a short time it became necessary to cut into a pocket of pus which was pointing externally through abdominal wall in right inguinal region, a small quantity of pus escaped. Drainage was maintained by tubing and the cavity washed out with some kind of disinfectant, in the mean time the opening into the vagina had closed and all discharge from lower part ceased. Three weeks after the abscess was opened in abdominal wall her physician, late one afternoon, attempted to re-establish discharge through vagina, but failed to reach the pus cavity; the instruments used were sharp scissors and a knife. Next morning the patient observed her urine escaping through vagina, which discharge still keeps up.

On the 10th day of April she was carried to the train and after a day's journey reached this city and was placed under my care. She was emaciated, pulse 120, temperature 102, very sallow, had been using morphine in $\frac{1}{2}$ grain doses for past month to quiet pain, tongue coated. Examination revealed a sinus 8 inches long leading downwards from right inguinal region towards floor of pelvis; from this I pulled out a drainage tube of black rubber through which was discharging a small quantity of foul smelling pus. The uterus was in normal position, but quite fixed, the vagina wet with urine and emitting amoniacal odor; failed to find the urinary fistula. Sub-peritoneal space blocked full with inflammatory effusion, and a long, stiff bullet probe could not be felt distinctly by the finger in the vagina on account of the dense material intervening. The patient was evidently a victim of protracted septicemia; very much fatigued from her journey, and unwilling to undergo further examination at the time. She was given a few days to rest when, assisted by Drs. Mavity, Wood and Hawkins, we etherized her and enlarged the ab-

dominal opening; the canal led down towards Douglas' pouch, on right side, but did not communicate with suspected abscess over in left Iliac fossa. Passing the index finger of left hand along between the peritoneal layer and Iliac fascia, hugging well down into the sub-peritoneal space, I was enabled by turning my back to the patient to push the abdominal contents in advance of the hand and allow the tip of my finger to touch what felt like a fluctuating point in the neighborhood of left broad ligament, a stab of the finger into this membrane was luckily rewarded by a profuse gush of foetid pus which welled up on the hand before it could be withdrawn. A large tube was then carried down and across into the bottom of the sack, and the upper end stretched firmly into the abdominal wall. A bichlor. solution was used every four hours for the first week, after that less often. The patient did well from and after that date, gaining in flesh and strength. She now drives about the city and feels that she is on a fair way to recovery, so far as the cellulitis is concerned.

A careful examination of the case this forenoon at my office, assisted by Drs. Mavity and Wood, resulted in finding a small opening in right superior vaginal fornex, somewhat posterior to most prominent portion of vaginal cervix; through this orifice the urine could, by pressing against the vaginal vault, be made to squirt out in quite a stream. until the bladder was apparently empty. A small probe passed only a half inch through the hole. She can retain her urine all night and pass a half pint next morning per vias naturales, and as the normal bladder sensibility is present, she is satisfied that she can tell when it is emptied; after completing the act, she has learned from observation that to rise with the body flexed upon the pelvis, she is enabled to go about and complete her morning toilet; but, when sitting down, unless she maintains the forward flexion of her body, a gush of urine to the amount of several ounces will escape through the vagina and this dribbling will continue off and on through the day. Whether this urine escapes directly from the right ureter, or from the posterior wall of bladder through a sinus, I am at present undecided. It is, however, a clinical fact that sub-peritoneal abscesses of this kind are apt to leave the uterus, bladder and ureters undisturbed; this is probably owing to the loose and yielding manner of attachment between the cell tissues and surrounding parts. I can understand how an unexpected embarrassment, though, even as grave as the wounding of the ureter, as it passes down along the side of the womb on its way to the bladder, might occur in the hands of the surgeon. The vesicle and vaginal branches are somewhat

uncertain in their distributions; the uterine artery and spermatic vessels as they pursue their torturous course, are all liable to be wounded and since we have fatal cases on record from this kind of hemorrhage, I think we should exercise the greatest care in opening such abscesses and avoid exploratory incisions as much as possible. If I find this opening to communicate with posterior wall of bladder an attempt will be made to close the fistula some time during the month of October.

Since writing the above, I have located the fistula opening and find it to be in posterior wall of bladder.

INFANT FEEDING.

By JOHN M. KEATING, M.D., Visiting Obstetrician to Philadelphia Hospital. Reported by W. A. Edwards, M.D., Asst. Dem. Clin. Med. University of Pennsylvania.

It has been my custom for some years, after having brought before the class numerous cases of children's diseases which make our clinic so interesting, to call your attention to an important branch of your life-work, infant feeding, a subject that upon superficial thought seems so simple that the majority of medical students are apt to pass it as pertaining to the nurse and not to the doctor; yet my associations with recent graduates enables me to say that it is the one subject that comes up before them soon after entering their medical career, and often it is not merely a matter which is important for the moment and easily evaded, but becomes either the portal of entrance to a large practice or the starting point of embarrassments and disappointments which render their arduous duties even more irksome.

I wish distinctly to state that, though I shall dwell at length upon the feeding of infants with prepared food, I do not wish to underrate the value of mother's milk, or in its stead that of a reliable and well-developed wet-nurse; there are times when the mother should not nurse her child—a wet nurse should then be the first thought; then again I may also state, at this point, that a child which has been nursed for a short period can be very much more easily brought up by hand than one who is obliged to be hand-fed from birth.

The great question which has always given rise to so much hesitation and difficulty in its answer is upon what food to place a child. This, at times, is perplexing; it depends upon various conditions; it depends upon age of child, upon its health, upon its residence, country or city, and upon the circumstances of the

family. All these should be taken into consideration; is it to be weaned gradually, or is it necessary that hand feeding should constitute its only supply? If you attempt to study this matter from your text books you will be dazed with the number of suggestions there presented. It is well that you should form in your own mind the 'regular course to follow in such cases, and avoid the unfortunate way of answering your inquirer, the fond mother or nurse, by saying, "try this," or "try that." It should not be a matter of trial.

Let me say now that *milk* should form the basis of all preparations of food. It is not necessary for me to show you the difference between cow's milk and mother's milk. I will refer you to your physiological tables, and also those of you who read the medical journals of the day to the interesting investigations of Prof. Leeds and Dr. A. V. Meigs, who have studied this matter with great care.

There have been several ways suggested of preparing the food for infants, one taking mother's milk as a guide, and endeavoring to make cow's milk approach the human standard as near as possible by dilution and the addition of sugar of milk. For this purpose Dr. Meigs has suggested the following formula: Order five or six packages of milk sugar, containing seventeen and three-quarter drachms each; the contents of one of these to be dissolved in a pint of water, and each time the child is to be fed let there be mixed together and then warmed three tablespoonfuls of the sugar solution, two of lime water, two of cream, and one of milk. This makes about a gill, and as much of it as the child does not take should be thrown out and a fresh mixture made for next feeding. The solution of sugar should be kept in a cool place, and at once thrown away if it sours, as occurs if kept more than a day or two in warm weather. The dry sugar keeps indefinitely, and is easily dissolved in warm water. A pint bottle should be kept for the purpose of containing the solution, to serve also as a measure of the quantity of water to be used with each package dissolved, and also to save further measuring. The milk to be used should be good ordinary cow's milk, and not the very rich milk of Jersey or other high-bred stock, and the cream in the same way should be such as is usually sold in the cities, and not too rich, containing about 16 or 17 per cent. of fat. The quantity of this food taken by a new-born infant should be two or three fluid ounces every two hours, and if it thrive it will soon take as much as a gill every two hours.

Then there are the various preparations in the market of the cereals proper, whose use I shall tell you more of in a few moments, and those

of the cereals that have undergone change into dext erine and glucose by malting, and those foods which are composed of milk, either preserved, condensed, or prepared in a more solid form. These preparations are expensive, not to be procured in every drug store, and furthermore are somewhat perishable, so I shall talk to you to-day of the "home-made" foods, to which I advise you to adhere for a time.

Let us suppose that you are confronted with a case in which the mother, having nursed her child for some months, finds her milk gone, and it becomes necessary to establish hand-feeding. She tells you that her child no longer receives the amount of nourishment that it should. Convince yourself of this fact before you make any change; take the appearance of the child into consideration, examine its muscles to see if they are firm, and judge whether or not it presents a rosy hue of health. Examine its mother's breast, and if you think that a course of tonics, with outdoor exercise or change of food will increase the supply, by all means have recourse to them before making any change. Remember that the milk does not always remain constantly in the mother's breast, and that frequently those who are able to nourish their children with an abundant supply have, between nursing hours, scarcely any evidence of milk whatever; the application of the child will, however, produce a flow in a few moments.

I give you all these points because frequently mothers wish to wean their children too young, and I firmly believe that encouragement and firmness on the part of the doctor will in very many cases give a child a far better chance in after life. If the child is six months old, or thereabouts, and you find it necessary to establish hand-feeding at once, the following would probably be the best plan to adopt: Order nurse or mother to take a quart of morning's milk which is pure and fresh—better than not from a mixed dairy—and dilute with half a pint of water; put on to boil; take of Robinson's prepared barley, which comes in packages, a heaping dessertspoonful or tablespoonful; rub this to an even paste with a small quantity of milk; then add to it the milk that is boiling, and *stir this for twenty to thirty minutes*, letting it boil. This should be strained and a small quantity, say a teaspoonful, of white sugar added to it, the whole to be placed in the refrigerator for the day. When cool a jelly will be formed. Of this the child should take about four ounces made fluid by heating, and strained, in bottle or by spoon, every three or four hours. The last feeding would, for a time, be about ten o'clock in the evening; after a few months the child will need nothing after the usual bed-time until first meal in the morning, at about 7 o'clock.

Barley flour seems to hold a position somewhat neutral as regards action on the intestinal tract. Should the bowels become constipated, or should you desire to change the food, a preparation of oatmeal known as "Bethlehem Oat Meal" can be used in the same way as the prepared barley. The wheat foods may be used in the same way: they are apt to constipate, however.

At times it may be well in preparing the food to mix these various articles, as a child needs variety in taste as well as a grown person. If a child is younger than six months, of course it will be necessary to add a larger percentage of water and a smaller amount of cereal. I am satisfied, from investigations made last year (Some Observations on the Salivary Digestion of Starch by Infants.—Trans., College of Physicians, Third Series, Vol. VI.), that infants are able in some degree to digest a small quantity of starchy food, and that the starch contained in the above described preparation, is not merely useful in preventing the formation of a heavy curd, but that it is also useful in nutrition. I have found the preparation that I have suggested to you applicable in the majority of cases, and especially in those children who are apt to suffer from indigestion during the summer season, with its unfortunate results. It is also useful when gradual weaning is thought advisable. In such cases the child is nursed from the mother in the early morning; after its bath, say ten A. M., it is to take its bottle or cup of food; nurse again at *one* or *two*, a cup of food at six, and again nurse at ten in the evening. As far as condensed milk is concerned, I am satisfied that it is a very valuable preparation, but not one upon which it should be attempted to raise a child. It is useful as a bridge to tide over difficulties, and as such can be relied upon, but a child that is brought up on condensed milk alone from an early period is, in my experience, liable to succumb more rapidly to the influence of disorders that other children, either nursed or fed with cow's milk, can withstand. Prejudice has frequently interfered with the use of condensed milk, I regret to say. It is certainly nutritious and easy of digestion, and frequently will agree when properly administered, with a child whose stomach is intolerant of other food. Of the purity of the brand usually used there is no question, and I would advise you to study this matter carefully for yourselves, and not throw away a valuable food because many statements are made against it.

It is easy enough to find some form of diet that will nourish a healthy child. The most difficult problem to solve is the food to be administered to an infant who is delicate from birth and cannot nurse, one who is suffering from some form of intestinal catarrh, or one whose digestion has been totally upset by a severe attack of summer complaint.

These are in fact the most difficult cases we have to deal with; in treating such cases we should bear in mind that a child's food should not be made so extremely weak, to avoid all irritating qualities, as to make it fail in its object of supplying nutrition, but we must endeavor to make the child's digestive functions meet us half way, and thereby establish an equilibrium; we can either do this by the administration of those drugs which are known to facilitate digestion, such as the various forms of pepsine or pancreatine as the case demands, or we should endeavor by tonic influences to bring about a healthy establishment of the function of those organs whose secretions are needed for the proper digestion of food.

If a child is so weak and exhausted that it will not digest the mildest form of prepared food, and it is impossible to procure breast milk for this should be our first thought, it is useless to weaken the condensed milk, or whatever we use, to such a degree as to make it absolutely valueless as a nutrient; the proper thing to do, under such circumstances, is, in my opinion, to give some form of food which requires but little action of the digestive juices, or to prepare the food so that it is partially digested beforehand.

I have used for some time with great advantage, egg albumen dissolved in water, as a food for sick children when the stomach was intolerant of ordinary milk food, also gum arabic water will nourish for a surprisingly long time, and allay irritability.

The barley food as recommended above, would be valueless in a case of this kind, and pure cow's milk would be regurgitated; in such cases, and they are very frequent in the summer months, especially if you are called much in consultation practice, the preparation of milk which has undergone partial digestion by the pancreatic ferment, in an alkaline condition, I have found most useful. The preparation is one which must be made with care and according to the following directions: Into a clean quart bottle put a powder of five grains of *Extractum Pancreatis* and fifteen grains of bi-carbonate of soda, and a gill of water; shake, then add a pint of fresh milk. Place the bottle in a pitcher of hot water, or set the bottle aside in a warm place for an hour or an hour and a half, to keep the milk warm; by this time the milk will become peptonised. When the contents of the bottle acquire a grayish yellow color and a slightly bitter taste, then the milk is thoroughly peptonised; that is to say, that the caseine of the milk has been digested into peptone. Great heat or cold will destroy this digestive action, so to prevent all further action, when you think that the digestion has progressed far enough,

at once place the bottle of peptonised milk on ice, or into a vessel of boiling water long enough to scald its contents; it may then be kept like ordinary milk.

I have found from experience that it will be objectionable to the child if the bitter taste is at all well marked; the mother, who should receive your instructions, should be warned to frequently taste the milk during its digestion, and as soon as the bitter taste is the *least* apparent, the bottle should be placed on the ice for cooling and use, as in these instances it is sufficient to partially peptonise the milk.

I mention these facts particularly as, strange to say, I have always failed with it in hospital practice, whereas in private practice I have had some excellent results, owing, I think, to extra care in its preparation.

Whey is another admirable alternative in these cases; it can be made in the usual way by rennet and afterward sweetened slightly and given to the child cold or warm, as it prefers, in the same manner as ordinary bottle feeding; it may be made with wine and given when there is great weakness, being both nourishment and stimulant. Mothers do not often know how to make wine whey; the proper method is to put the milk to boil and when boiling put a wineglassful of sherry, say to the pint, into it, if the curd does not separate add more wine until it does, and as soon as you notice separation of the curd taking place add no more wine, but let the mixture boil for a time, until the whey and curd are thoroughly separated, consuming about five minutes. This should be then thoroughly strained. It has been recommended to use lime water in the feeding of infants and young children. I am opposed to its indiscriminate use. I have seen children who could not tolerate even the ordinary weak preparation of the pharmacopeia; undoubtedly at times it may arrest vomiting, as we all know, both in children and adult practice, but I much prefer when it is necessary to use an alkali, and if you use cow's milk raw for a young babe, it is always advisable to see that it is made alkaline, to do it with a small quantity of bi-carbonate of soda.

The food which I have recommended to you above for the weaning of children, I am sure that you will find to work satisfactorily, especially in large cities, where the milk supply is so apt not to be reliable, and on that account so difficult to keep sweet without boiling. I have one word of caution to give you in regard to the nursing bottles. They are certainly useful as labor-saving machines in early infancy, and when thoroughly cleaned and carefully watched, are no doubt indispensable, but I have long since come to the conclusion that if you can persuade the mother or nurse to take time and have the patience to feed a child,

that is old enough to manage, by the cup or spoon, the word *colic* will seldom meet you in your practice. I am convinced that in institutions for foundlings, if it could be possible to discard the bottle, the percentage of death would be very much diminished.—*The Archives of Pediatrics*, Feb. 1884.

ANALYSES OF BEEF PEPTONIDS.

Report on Beef Peptonoids by PROF. ATTFIELD, F.R. S., F.I.C., Etc.,
Author of "A Manual on Chemistry, General, Medical and Pharmaceutical."

The chemical examination to which I have submitted your Beef Peptonoids yields the following results in 100 parts:

Albumenoids (containing nitrogen 10.94),.....	69 25
Fat.....	10 71
Sugar, including a trace of starch.....	9 50
Phosphates, equal to bone phosphates.....	3 01
Other mineral substances.....	2 61
Moisture.....	4 92

100 00

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean beef, one-third; the solids of milk, minus most of the fat, one-third, the gluten of wheat, one-third; the beef being partially digested or "peptonized." My analysis fully supports this statement; for I find present between 69 and 70 per cent. of albumenoids, that is, flesh-forming material (nitrogen 10.94); more than 20 per cent. of warmth producing substance, nearly half of which is milk sugar, and rather more than half fat; 3 per cent. of bone-forming phosphates; about 2 per cent. of other normal mineral matter, and about 5 per cent. of moisture. A sample of the constituent gluten submitted to me was practically pure, containing a mere trace of starch. Rather more than one-fourth of the albumenoids, probably the "peptonized" portion, was soluble; while practically the whole of the "Beef Peptonoids" was readily soluble in peptonizing fluids, showing that it is easily and wholly digested when taken into the stomach. The flavor and odor of the preparation are excellent; its thorough state of dryness fits it for keeping any length of time in any climate. It is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly 70 per cent. of truly nutritive nitrogenous material partially peptonized, has never before, to my knowledge, been offered to the medical profession or to the public.

JOHN ATTFIELD.

London, November 18, 1883.

AMERICAN MEDICAL ASSOCIATION.

PHILADELPHIA, June, 1884.

Dear Sir:—At the meeting of the American Medical Association held at Washington in May last, an amendment to Regulation II. was adopted, which provides that —

“Membership in the Association shall be obtainable by any member of a State or County Medical Society recognized by the association, upon application endorsed by the President and Secretary of said Society; and shall be retained so long as he shall remain in good standing in his local Society, and shall pay his annual dues to the association.”

Applications for membership, in the manner specified above, accompanied with Five Dollars for annual dues, should be sent directly to the Treasurer, Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa.; on receipt of which the weekly Journal of the Association will be forwarded one year to such member.

Respectfully yours,

WILLIAM B. ATKINSON, M.D.,
Permanent Secretary.

The Medical Societies of Denver have adjourned until September next.

The nicest thing that we have ever tried for many of the diseases of the mucous membranes is Chapman, Green & Co.'s Metho-Glycerole of Bismuth and Hydrastia. One case of syphilitic sore throat which had resisted everything at our command, yielded almost magically when this preparation was used as a gargle.

Horlick's Food for Infants and Invalids is advertised on page 16, also McArthur's, Comp. Syr. of Hypophos, C. P.

The season of the year for cholera infantum has come and with it many cases of diarrhoea and cholera infantum. We have used Lactopeptine in the prevention and treatment of these troubles and with most gratifying results.

Lithiated Hydrangea, manufactured by Lambert & Co., St. Louis. We have tried it and are much pleased with the results thus far obtained.

Celerina is spoken of very highly by some of the leading medical gentlemen of Denver.

We have just received from Messrs. Park, Davis & Co., a pocket case containing urinary test papers, complete. We shall find occasion to use these agents and report.

PRIVATE HOSPITALS FOR WOMEN.—THEIR CONSTRUCTION, MANAGEMENT AND ADVANTAGES, AND THE EXTENT TO WHICH THEY ARE ADVERTISED, ETC.

BY THOMAS H. HAWKINS, DENVER.

(CONTINUED FROM MAY NUMBER.)

In continuation of the items on Private Hospitals for Women, I publish a letter from Dr. Sutton; I know that it cannot fail of great interest. The Doctor is thoroughly in earnest and so honest in his expression of opinion that his views will surely carry conviction to the heart of every conscientious worker in this department of surgery. Though this is purely a personal letter, yet we venture to publish it, trusting to the Doctor's magnanimity for pardon.

PITTSBURG, Pa., June 28, 1884.

T. H. HAWKINS, M.D., Denver, Colo.:

Dear Doctor :—Your letter of the 24th inst., is at hand. I have not yet seen my paper, to which you refer—Desperate Surgery, Etc.,—in print, or any comments on it.

The paper expresses my honest convictions in regard to abdominal surgery, and when you have read the paper (I suppose it will be published) you will know all the views I have about this subject. The great mortality in our country after abdominal section is a burning disgrace. There is no sense in it and it should be corrected. Just as long as abdominal sections are made by ones and twos, here and there; as long as every body does it; as long as antisepsis is badly understood and applied; as long as absolute cleanliness is not attained in these operations; as long as crowds are invited to witness them; as long as three or four in addition to the operator, get their hands into the patient's abdomen and handle the sponges and instruments; as long as men, who have only seen a few cases, operate; as long as these cases are cut and left to the care of ignorant and sympathizing relatives; as long as these cases are cut in general hospitals; as long as operators will go from zymotic diseases to abdominal sections; as long as they will go from a post mortem, or sloughing wound, to operate in these cases, so long will the frightful mortality continue to the disgrace of American surgery. I have not reached these convictions hastily. I have paid for every one of them in labor and in the blood of patients who have died.

Up to last September (1883) my operations were done in people's homes with all the restrictions I could enforce, and my success was no better than that of others doing the same thing.

I stopped short, determined to do ovariectomies, etc., under such conditions as I believed in or quit. My private hospital was prepared and I did my first case in it Oct. 29th, 1883. Since that date I have done eleven (11) abdominal sections; out of the eleven ten (10) have recovered. There has been no selection of cases, some of them were very bad. In three I made supra vaginal amputation of ovaries and uterus; all three recovered. With my present arrangements my abdominal sections give me no more care, solicitude or extra work than do my perineal or cervix lacerations. In a forth coming number of the *Cincinnati Obstetrical Gazette* ten of these cases are to appear, the eleventh case I did since I sent the report. The last case was a large pelvic abscess which had refilled. I opened the abdomen, stitched the abscess sac and the parietal peritoneum closely together, cut into the abscess sac, let out a great quantity of stinking pus and broken down blood-clots, put in a large drainage tube, and closed the wound closely around the tube, the sutures including the sac of the abscess. Eight hours after the operation the patient's temperature was 99, next morning 98 $\frac{1}{4}$ and never over 98 $\frac{1}{2}$ since. On the 4th day all discharge from the sac ceased and the patient is practically well. Cleanliness and quarantine are the great secrets of success in abdominal surgery. I hope some day to meet you.

Yours, very truly,

R. S. SUTTON.

MEETING OF THE STATE MEDICAL SOCIETY OF COLORADO.

First day.—The meeting was called to order by President Whitehead, and opened by prayer by Dr. R. G. Buckingham.

The minutes of last year were read and approved. Reports of committees followed.

Dr. E. C. Rivers read an article on Ophthalmology, written by Dr. Bull.

Dr. Wilson read a report on new remedies.

Dr. Cox read a paper, written by Dr. Lee, on Compound Dislocations of the Ankle Joint, but the cases reported were compound fractures of the ankle joint.

Dr. Jesse Hawes read a long paper by invitation.

Second day.—Dr. H. A. Lemen read a paper on Abdominal Sections. Although he has never performed abdominal section for the removal of tumors, yet his paper was very instructive and records much valuable information.

The address of President Whitehead did himself and the society great credit, and will, doubtless, do much good.

Dr. Horn read a paper on the Duty of the Family Physician.

Dr. Cox read a paper on Lympho Sarcoma, and Dr. Fisk one on Diabetes Mellitus. Dr. Hawes exhibited an apparatus for orchitis.

Dr. Solly read a paper on Bright's Disease as Affected by Climate.

The following officers were elected: President, Dr. Jesse Hawes; 1st Vice President Dr. Solly, 2d Vice President Dr. Rogers, 3d Vice President Dr. Earhart; Dr. S. A. Fisk was re elected Recording Secretary.

Third day.—Dr. Solly's paper was discussed by Drs. Lemen, Denison, Bancroft and Reid.

Dr. Sears read a good paper on Intra-Venous Injections of milk in cases of Morphine Poisoning. Other papers were read by title. The place of next meeting Denver.

SOCIETY PROCEEDINGS.

Stated meeting of the Arapahoe County Medical Society, held June 5th, 1884.

The president, Dr. Mavity, occupied the chair.

Dr. W. C. Peaslee presented a paper upon Cardiac Weakness and its effects on the Organism. The Doctor confined his remarks chiefly to the right heart, which often fails to carry off the returning venous blood, causing passive congestion.

Cardiac weakness may be produced by deficient lung expansion, the result of lack of exercise, and confinement; it may also result from bronchitis or from dyspepsia.

Spermatorrhœa is often due to passive hyperemia of the spinal cord and pelvic viscera, from a weak right heart, and in such cases Brom. Potas. is decidedly contra-indicated, for it reduces the heart's force and hence will increase the passive congestion.

Would use Brom. Am. Digitalis, Uva Ursi and Ergot.

Diabetes insipidus may result from cardiac weakness. He once relieved such a case, marked by distended veins and a quick pulse, by giving Digitalis, Nux Vom. and Urva Ursi, for a year. The venous pressure may produce constant albuminurea, or, by retarding the portal circulation, may cause biliousness, with effusion into the intestines and diarrhœa

Hemorrhoids, hematuria and night-sweats are other effects of cardiac weakness.

Dr. Fay asked in what sort of cases Dr. Anderson of Golden used Brom. Potass. as a aphrodisiac.

Dr. Peaslee answered, in cases of passive congestion, which it increases, irritating the spine and increasing the eretherism.

Dr. Fay thought it was in cases of irritation and not of weakness that bromides produced erections.

Dr. Cory asked what symptoms referable to the heart would lead the Doctor to treat them with heart tonics.

Dr. Peaslee replied, when the veins of the hands and elsewhere were full, and there was insomnia, dreams, a weak pulse, and perhaps bronchitis. The mental depression when there were occasional emissions, leads to cardiac weakness.

Dr. Russell considers that a faulty heart accounts for many ills, but does not understand how it can produce albuminurea, or congestion of the renal veins, nor how a weak heart can cause emissions.

Albuminurea is caused by congestion of the malpighian tufts, and he would consider the heart trouble to be secondary to the renal trouble with albumin.

Passive congestion of the genital organs would probably diminish the irritability. He would look for a local irritation.

Dr. Peaslee said that many authors have claimed that distension of the renal veins and albuminurea are caused by venous tension. Many diarrhoeas arise from blocking up of the portal system.

Dr. P. D. Rothwell asked if the heart itself be at fault, or whether it be the nervous supply which is abnormal; would you medicate the heart, or the nerves the heart.

Dr. Peaslee replied: It depends upon what is the matter with it. The heart may sympathize with the general system being weak, or with bronchitis or disease of the valves of the left heart, and this governs the treatment.

Dr. Purcell spoke of cases of high fever with quick pulse, having emissions; but had not seen them occur in weak or debilitated subjects. They are frequent in delirium tremens. Excessive drinking is a frequent cause; this stimulates the heart and the whole system, which he considers the cause.

Dr. Davis mentioned a case of chordee which was caused by a growth within the substance of the penis, without gonorrhoea.

Dr. Peaslee said venous congestion caused erections by checking the veins, giving congestion of the penis. Has seen cases of diabetes insipidus do well under uva ursi and digitalis.

Dr. Mavity thinks there is a cause back of the heart which produces weakness. The treatment holds good; stimulating the heart restores and nourishes the parts giving relief.

Dr. Peaslee asked how to account for absorption of the testicle which may result from varicocele.

Dr. Rothwell thinks disease affecting nerve force may cause the varicocele.

Dr. Peaslee said a scrotal hernia may be forced down by abdominal pressure: so may pressure on the iliac vein cause varicocele.

Dr. Cory asked if you would increase the heart's action to cure these cases.

Dr. Peaslee said he would do so, thus relieving the heart's congestion.

Dr. Wood considered that something more than simple weakness of the heart was needed to cause venous congestion; some obstruction to the circulation, which might result from disease of the cardiac valves disease elsewhere. Pressure upon the veins or any cause which retards the return of the venous blood to the heart, will cause venous congestion, and, if this be of the renal veins, may produce albuminuria; but he doubts if it be often the result of simple cardiac weakness.

Dr. Russell reported a case of chronic cystitis. An Irishman aged 50, had always had bladder trouble, and could only hold his water for an hour or so. This has been worse for two years; the urine being ammoniacal, and having a strong, offensive odor. There was tenderness over the bladder, the prostate was enlarged; could not pass a small sound but a large one passed readily; the internal surface of the bladder was roughened.

The doctor washed out the bladder with a fountain syringe; there was a good deal of mucus, pus, and small clots, and about a half drachm of small gravel, brought out at the first washing. The bladder was washed out twice daily for a week, afterwards once daily by the patient himself. He was instructed to always pass his water through a catheter, and also to wash out the bladder with hot water. He can now hold his water 8 or 9 hours. Used suppositories of opium and belladonna for first week. In chronic cystitis it is necessary to be sure of emptying the last few drops of urine from the bladder.

Dr. Davis thought the cure was a rapid one, and liked the idea of diluting irritating urine, as well as using hot water for inflammation of the bladder, and compared this with its use in uterine diseases. Would have it retained several minutes, as its first action is to cause congestion, longer use causing depletion of the parts. The removal of the last few drops of urine is very important.

Dr. McMartin thinks hot water would not be endured, would use warm water.

[TO BE CONTINUED.]

HOME ENTERPRISE.

At the request of the committee in charge, I. Durbin, proprietor of the Dental and Surgical Depot, 406 Lawrence St., made a very creditable display of surgical goods at the recent State Medical Convention held in this city.

The exhibit, while necessarily limited, impressed us as of unusually fine quality and finish and embraced many of the more expensive instruments, which we would not expect to find west of New York. Mr. Durbin has greatly increased his stock during the past year, and proposes to furnish the Profession with the most modern and improved surgical goods to be found in Europe and this country on favorable terms. The encouragement of home enterprise is manifestly the true policy of doctors.

Eli Lilly & Company displayed a handsome line of their pharmaceutical preparations, consisting of fluid extracts, gelatine coated pills, sugar coated pills, elixirs, wines, syrups, etc., together with their specialties, succus alterans (McDade), elixir purgans, aromatized liquid pepsine, all of which are largely prescribed throughout the state. Many physicians tested their syrup yerba santa aromatic, which they pronounced the most perfect mask for the bitterness of quinine they had ever tried. The firm was represented by Mr. Jas. E. Lilly, manager of the western branch of this popular house at Kansas City. Their Handbook of Pharmacy and Therapeutics, containing one hundred and twenty-five pages of valuable matter, also samples of their preparations were presented to physicians in attendance.

McKesson & Robbins, of New York, made a large display of their own make of quinine, morphine and scale preparations. They exhibit a case of one hundred dollars' worth of the most desirable varieties of these capsuled pills. Every delegate was presented with a neat little six-vial case of granules and a package of pure proto iodide of mercury.

John Wyeth & Brother, Manufacturing Chemists of Philadelphia, exhibit nearly a full line of their preparations. Among their specialties we notice the Hypodermic and Fehling's Test Tablets, a c.p. boracic acid in an impalpable powder, Lawton's absorbant cotton for surgeons use; also compressed powders or pills, fluid extracts, medicinal wines, syrups and elixirs.

MISSOURI MEDICAL COLLEGE,
ST. LOUIS, MO.,
The Oldest and Largest School West of the
Mississippi.

THE FORTY-FOURTH YEAR, BEGINNING OCT. 1, 1884.

Entire Course of Lectures, including Matriculation Fee, Hospital Tickets,
 and admission to Dissecting Room, \$75.

For circular address,

T. F. PREWITT, M.D., Dean.

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

SEPTEMBER, 1884.

STRICTUE.*

By W. H. DAVIS, M. D., DENVER.

Contraction, congenital or whether due to disease, chancroidal ulcers, etc., when situated near the external orifice of the male urethra is rarely amenable to relief by dilatation.

Under these circumstances it is not surprising that diminution in the caliber of the external meatus should exercise a powerful influence over the welfare of the organs to which it acts as a gateway, especially the bladder, ureters and kidneys.

In a word, any narrowing of the urethral outlet, predisposes a patient to all forms of obstructive derangements of the urinary organs.

More time is required to empty the bladder than in the healthy urethra, and there is a constant temptation to cut short the act of micturition, thus leaving a little urine constantly in the bladder.

A trifling indigestion, or a scarcely noticed febrile action, loading the urine with uric acid crystals or a slight cold implicating the genito-urinary apparatus, thereby increasing the urethra sensibility and congesting it somewhat, at once developes vesical irritability.

The sensitive urethra rebels against the irritating urine.

*Read before the Arapahoe County Medical Society.

A constant desire to urinate may be experienced, but the discomfort excited by the passage of but a few drops stimulates the vesical sphincter, and the evacuation ceases. This interrupted function has its effects upon the blood supply of the parts. Congestion of the mucus lining slowly extends from the meatus along the spongy and membranous portion of the canal.

The vesical sphincter sympathizes with any disturbance of the membranous urethra and stimulates the bladder in such a manner that the patient may experience an almost constant desire to pass water. As the congestion extends along the prostatic urethra to the neck of the bladder, the orifices of the seminal ducts become affected; the seminal vesicals become loaded with blood, their sensibility increased and too frequent seminal emissions are often complained of.

An increased flow of mucous may manifest itself in a slight discharge from the urethra. In the bladder a similar excessive secretion from the glands of the vesical neck and adjacent parts, developing other phenomena; for instance, the reaction of the urine is acid while that of the mucous of the bladder is alkaline. The effect then of this hyper secretion of the vesical mucous is to discharge into the bladder a fluid of different chemical quality, from the normal state of the contents of that organ. We are told by our chemical friends, that, as a consequence, more or less of the urine has its acid reaction neutralized by the alkaline mucous, while at the same time the organic matter of the secretion may act as a ferment. The urine thus rendered alkaline deposits an amorphous sediment of phosphate of lime.

The decomposing action of the mucous transforms more or less of the urea into carbonate of ammonia, the lining membrane of the bladder already deeply congested, is now so irritable that pus is formed. The viscid mass resulting from the mingled mucous and pus, thickened by the deposited phosphate of lime, when acted upon by the newly formed ammonia, may form a nucleus for the ammoniacal magnesia phosphate to collect upon.

In this manner we see initiated that chain of phenomena which commence in a trivial and perhaps unnoticed contraction of the urethral orifice, which may end in vesical calculus, the development of a spasmodic stricture of the urethra, inflammation of the bladder and genital apparatus, or, worse than all, organic disease of the kidneys.

The influence exerted by the small sized orifice in developing calculus may not be apparent, perhaps it may have none; but once the bladder becomes inflamed it is almost impossible to cure until the avenue of

exit of the urine has been made sufficiently large. Again the urethra may inflame and the acute symptoms subside, but owing to the constriction of the orifice the disease instead of disappearing may linger in the form of a chronic, or persist in the form of a gleety discharge.

According to Van Buren & Keyes, stricture of the meatus may be predicted whenever the orifice is seen to be involved in a cicatrix, or whenever a prob introduced within it can demonstrate a distinct pocket behind the superior, (or more commonly) inferior commissure of the orifice. Gentlemen, to illustrate my position in the above article I could give numerous cases, but hope that a few will suffice.

Case 1. F. S., American, aged 27, S. express messenger, has had bladder trouble as long as he can recollect; has been examined for stone in the bladder but none found. Upon examination found the meatus congenitally constricted so that a number ten (10) bulbous bongie would not enter the urethra, and a distinct pocket at the inferior commissure and the meatus swollen and congested. An incision was made so as to admit a number twenty (20) bulbous bongie into the canal. The urethra was considerably congested and irritation was complained of all along the canal when the bongie was introduced. The treatment, other than the incision, was the simple washing out of the bladder with the following solution a few times: Sod. borat, oz. i; water and glycerine, aa, oz. ii; mix ft. sol. *Sig.*—Tablespoonful in four ounces of water; inject.

At the present time he passes urine five or six times daily, not having to get up at night more than once, and has slept all night without being disturbed, whereas before the operation he had to urinate as many as ten or twelve times daily and was disturbed often at night.

Case 2. A. J., plumber, aet. 24, s. consulted me on account of urethral discharge which had persisted for about six months after the acute attack, and had not yielded to treatment. He had had chancroids about two years before; and there was a cicatrix involving the meatus, which constricted the orifice to about the size of a number 8 sound which was incised to the full size of the urethra. Recovery followed without other treatment than a mild urethral wash. No special apparatus is necessary to perform the operation. A blunt pointed bistury is introduced into the urethral orifice and the incision made to the full size of the canal, a small piece of oiled cotton is put into the incision and a steel sound passed a few times.

A WINTER IN COLORADO.

BY EDWARD T. ELY, M. D., NEW YORK.

In the climatic treatment of consumption, cold, elevated regions are certainly now in fashion with the medical profession, and bid fair to remain so. The interest taken in them leads me to give a few of my own impressions of a winter in Colorado. Many places are now open to invalids in Colorado and New Mexico, and each offers its own advantages, especially where business and a permanent residence are concerned. Many eastern physicians think that New Mexico is much warmer than Colorado—that it is something between Colorado and Florida—but this is not true of its chief health-stations—Las Vegas and Santa Fe. Their winter climate is cold, differing very little from that of Colorado. Where a moderately high altitude and a cold, dry climate are desired, I believe there is at present no available place in the world that offers more attractions for a winter's sojourn than Colorado Springs, and it is to this town that my observations have been mostly confined. The beneficial effect of Colorado climate on pulmonary disease is incontestably proved by hundreds of cases. Exactly how this effect is produced is not perfectly plain. Great stress is laid by some writers upon altitude and diminished oxygen, and the action of these conditions upon the human system is explained glibly enough. There is, however, much theorizing that does not rest, so far as I am aware, on any sufficient basis of accurately observed clinical facts. Some of it is opposed to the elementary laws of physics, and is sheer nonsense. Even the laity have grown very learned upon these matters, and some of the conversation which one overhears while sitting about the stove of a high altitude boarding house is extremely entertaining. If rarified air can do all that some of these philosophers claim for it, it is not strange that it should stretch the poor asthmatic's bronchioles until they are glad to give up the fight, or that it should "open up" the consumptives' air-cells so thoroughly that the bacilli are glad to move on to more quiet lodgings. I have heard one man say that the altitude had forced him to give up his sponge-baths, and another once explained to me how his cowboy-hat, which felt easy on his head under the shadow of Pike's Peak, would be so unendurably heavy at sea-level that he would not care to take it home with him!

Probably the most important factor here, and everywhere else, relates to the number of days in the year when the patient in question can enjoy sunshine, pure air, and a life out of doors. The number of such days in Colorado is unquestionably large, although considerable misapprehension exists regarding them. It is a common boast here that there is not a day in the year when one can't get out of doors. This may be true, but the getting out often amounts only to half an hour on the porch, or a walk to the postoffice, and such achievements are not of much account where the question concerns an out-door life. It is customary with writers on Colorado to count the forty-odd cloudy days in a year, which is the average shown by the Signal Service reports, as days when an invalid may be housed by bad weather, and to represent that on the remainder—say three hundred and twenty days—an out-door life is both practicable and agreeable. Such a statement is true, I think, only for those who are quite strong, like some patients in the earliest stages of consumption. Many who come here will be compelled to spend a larger number of days in the house, and on many of the remaining days they will find little inducement to going out, and will shirk it. I have known several invalids this winter who would not be called very feeble, but who have been practically housed from sixty to ninety days, and who have by no means led what I should call an out-door life during the rest of the time. Concerning such a matter, testimony that does not rest on a written record is of little value. For instance, I asked a lady at the hotel how many days she had been shut in by bad weather during the past winter. "Not more than six," was her enthusiastic reply, and yet eighty would be nearer the truth, as she readily admitted when I showed her the result of my own written memoranda. Much of the testimony about the climate derived from talking with invalids is as untrustworthy as her's was.

In much that has been written about Colorado climate there has been, to say the least, a *suppressio veri*, and it is not so surprising that people so rarely find the weather here to be what they had expected. "Perpetual sunshine" is a phrase so often used that invalids come here really expecting to find it. "Day after day," says one writer, "until weeks merge into months, the sun rises in an almost cloudless east and sets in a cloudless west."* Such an unqualified statement is misleading; even the local weather reports, which more than do justice to the sunshine, rarely show a month without cloudy days. So with the dryness of the atmosphere. Invalids are told to leave their umbrellas at home,

*"Colorado Springs and Manitou," Edward Roberts.

and to bring ointments to annoint their noses when the dryness shall have made them sore. If they trust the statement that "there is absolutely no rain after the 1st of September," they may sometimes get a wetting; and, if they anticipate much trouble with their noses, they are likely to be happily disappointed. That iron will not rust, that dead animals do not stink, and there is no dew-fall, are stock statements, and all untrue. Nor is the snow always licked up by the dry air in the mysterious way so often pictured to us. It does disappear very rapidly, as a rule; but a visitor must not be surprised if he occasionally encounters mud and slush, and sees the snow going the way of all eastern snow. That "it is never muddy here for more than a few hours" is not strictly true. I have seen here genuine fogs, very dense, and lasting sometimes all day. But fogs are uncommon and scarcely worth mentioning, were not their existence so often denied. Then, too, there are the winds, which are surely both disagreeable and objectionable. The efforts of the pamphleteers to prove that this is not a windy place are more amusing than convincing. The tables of "comparative velocity," etc., which would make the sick man believe that there is only just enough wind here to "blow away the impurities," have yet to be compiled. Many a clear sunshiny day is so spoiled by cold wind as to be lost to the invalid, and the winter days when there is not more wind than is agreeable are decidedly in the minority. It is difficult to believe that a climate like this, *minus* the winds, would not be a better one. Dr. Solly's statement that "the air is particularly calm in winter" seems almost like a joke.* Dr. Fisk's tables give an average of only twelve calm days in the whole year in Denver. His tables also show that the prevalent wind here is from the south, and he lays stress upon "a prevailing balmy and salubrious south wind" as one of the advantages. "The south wind," he says, "is the salubrious one for the eastern slope of the Rocky Mountains in Colorado, and our table shows that to be the balmy wind that blows."† The fact is, I believe, that the south wind here is one of the most chilly and disagreeable of all, and that, if any wind deserves the name of *balmy*, it is that which comes from the west.

The system of recording clear, fair and cloudy days, which is in vogue here and at other resorts, is not entirely satisfactory. Observations of the area of the sky covered by cloud are made three times daily—at 7 A. M., 2 P. M., and 9 P. M.—and the mean of these is taken. If the result shows the sky clouded less than 3-10, the day is clear; if

*"Health Resorts of Colorado Springs and Manitou," S. Edwin Solly.

†"Analysis of Signal Service Statistics," Dr. Samuel A. Fisk.

from 3-10 to 7-10, fair; if 7-10 or more, cloudy. Now, a day that is clear at 7 A. M. and 9 P. M., and cloudy all the rest of the time, would thus be set down as a fair day; so would a day that was cloudy at 7 A. M. and 9 P. M., and clear during all the interval. Moreover, a day might be partially cloudy just at the time of the observations and otherwise clear, or *vice versa*. Or, the sky might be cloudy 3-10 or more throughout the day, and yet the clouds be so distributed as to interfere but little with the sunshine. Again, no account is made of the *density* of the clouds. The sky may be cloudy and yet the cloud be so thin that the sun is scarcely obscured at all by it. Such a method of observing may be all that is desired for scientific purposes, and may give a fair estimate of the amount of cloudiness during each twenty-four hours; but I doubt if it accurately expresses the number of hours of sunshine available for the invalid, and this is what invalids and their doctors most desire to know. A person trying to form an idea of how much time he will be able to spend out of doors in a given locality has comparatively little interest in observations upon the condition of the sky during the hours when he is in bed, however important they may be in estimating the character of the climate as a whole. I think it would be useful if visitors would make supplementary observations on such a plan as the following: Consider the period from 9 A. M. to sunset as the invalid's day; if during this period there is constant sunshine, call the day clear; if less than two hours of sunshine, cloudy; otherwise, fair; and make special mention of wind, storms, days when the sun is not seen at all, etc. I think that such a classification is eminently just to the climate, and that it would perhaps be a more useful guide, for some purposes, than the statistics now provided. For the invalid's uses a day that has less than two hours of sunshine between breakfast and sundown is certainly not "fair," whatever the Signal Service Bureau may say about it. The method just proposed might alter somewhat the present showing of clear and cloudy days in Colorado.

Many things said above about the weather may seem trifling, and, in one sense, they are, but still it is necessary to consider just such small matters in order to form an accurate estimate of the climatic conditions of this or any other health-resort. The wild ideas which people coming here entertain about the climate, and the number of wholly unsuitable cases sent here by reputable doctors, show what erroneous opinions have spread abroad. Visitors may fairly expect to find a remarkably dry atmosphere, a rainless winter, a large amount of clear weather, a very warm sunshine, and the purest of air, all of which will

constitute, not a paradise, but something far better than prevails over the greater part of our country. They must not expect to realize all that is described by enthusiasts and by those having a pecuniary interest in "booming" the state. They will find that the amount of time which they can spend out of doors will depend somewhat upon their ability to take active exercise and to resist cold, and they will encounter severe storms and a goodly number of "exceptional" days when they will revile the wind, the dust, the great changes of temperature, the low-hanging clouds, and will avow that the weather is no better than at home! They will find a winter climate by no means so seductive as that of more southern latitudes, but they will experience some of the finest winter days imaginable, and a sunshine so warm that I have been able to sit out in it comfortably when the mercury was only 2 deg. above zero. Moreover, they can stay here, if it suits them, the year round without the necessity of fleeing before a spring thaw or a dangerous summer heat.

My winter's experience may be of some slight value in showing what can be accomplished here in the way of outdoor life by a person too feeble to take any vigorous exercise, such as horseback riding, walking, or climbing—a person, in short, whose only resources are sitting on a piazza or driving. Asking pardon for so many personal details, I will say that I am less sensitive to cold than the average, and enjoy a remarkable immunity from taking cold. During the past winter I have scarcely spent an hour in-doors (except at meal-time) when the weather allowed me to be out, having even taken advantage of the hours before breakfast. I have had the use of the largest and most sheltered piazzas in town. I have been out far more than any other invalid in the hotel, although nearly all were stronger than I. I have sat out many days when not only no other invalid in the hotel but not even my well friends were able to keep me company on account of the cold. I have often sat out, bundled up in ulster and steamer rug, when there was no pleasure in it whatever except that which comes from the consciousness of doing one's duty! I have been able to drive in very cold winds and in snow-storms without any apparent harm. I therefore infer that I may be taken to represent the outside limit of what an invalid, in my condition regarding exercise, can do in the way of out-door life. I should say that I represent rather more than such an invalid is *likely* to do, for sick people with reduced energy, especially females, are not greatly disposed toward going out when it involves much discomfort or trouble. Simply the necessity of much wrapping up always acts as a deterrent, and so do such things as cold, wind, and

dust. From the 1st of September to the 1st of May I have been confined to the house by bad weather forty-two days—that is, there have been forty-two days on which I have not been able to go out even one hour, and such may fairly be reckoned as days in-doors. Of the remaining days there have been many when I could only be out from two to four hours, and when being out was a burden to the flesh. This record is satisfactory enough to me, but it shows more obstacles in the way of going out than most people anticipate from what they read and hear before coming.

I give these facts simply for what they are worth, and I am quite ready to admit that my experience may relate to an unusually bad season. I am inclined to believe, however, from talking with many old residents, that the past winter here has been about an average one—neither specially good nor specially bad. In the early part of the season there was an unbroken succession of forty-five pleasant days. Since then the weather has been variable, without long periods of either fair or foul, and the spring has been more backward and unpleasant than usual. There have been no very severe storms, and, although the mercury has been as low as 22° below zero, there has been no intense cold of long duration. While there has been a very heavy snowfall on the mountains, there has been very little in town—about fourteen inches according to my rough measurements—and there has been the usual absence of rain.

The perfect climate, of course, does not exist. All have serious objections. That of Colorado will hold its own in any fair comparison. Those who thrive in it easily overlook its defects, and are often entirely blind to them; those who do not may naturally be expected to magnify them. While it is foolish to make too much of them, as I may have done here, it is equally foolish to conceal or deny them.

The attractions of Colorado Springs, aside from its climate, strike invalids very differently, as might be expected. It is certainly an exceptionally pleasant town, and, considering its age, a remarkable one. For a permanent residence, it offers inducements which are probably not equaled in any of the other high-altitude resorts. There are handsome residences, excellent society, good roads, gas, water-works, and many other advantages. Most invalids here keep house, and find in domestic and social life all the pleasure they desire. To those coming for a brief stay in a hotel or boarding-house, the place may seem dull. If they have obtained their ideas of it from the publications of enthusiastic newspaper correspondents, railway corporations, and other interested parties,

they are apt to be grievously disappointed. If they have been led to imagine a picturesque village, nestling at the base of snow-clad mountains, with pine groves, shady walks, pretty shops, and groups of invalids drinking healing waters from embowered springs, so much the worse for them. The mountains, the pine-trees, the springs and baths, are all several miles away, and the "shady promenades with seats to rest the stranger" exist only in the imagination. One need not expect to find here those diversions which the European resorts provide, and which lead so many of our countrymen to prefer them to our own. Hotels suitable for sick people are not plentiful in "the new West," and he who supposes that he is going to roam comfortably over this elevated plateau from here to the city of Mexico will reckon without his host, literally. Those who expect to cure themselves speedily by "going on a ranch" will do well to investigate this form of pastoral life most thoroughly before adopting it. Lovers of fine mountain scenery can be gratified here. Colorado, like so many other sections of our great republic, is "the Switzerland of America," and one of her recent eulogists has made things look rather blue for her rivals. "It is customary at the present time," he says, "to speak of Colorado as the Switzerland of America. But the day is not far distant when appreciative observers will speak of Switzerland as the Colorado of Europe!" Surely nothing better than this could be desired.

Colorado can easily afford to rest on its own merits, which are indisputable, and is only injured by much of the indiscreet praise bestowed upon it by its friends. Despite all objections which may be raised, the climate is probably, as we have already said, the very best of its kind at present available for invalids, and destined to grow in popularity as its merits become more accurately understood.—*New York Med. Journal*.
COLORADO SPRINGS, May, 1884.

SOCIETY PROCEEDINGS.

(CONCLUDED FROM AUGUST NUMBER.)

Stated meeting of the Arapahoe County Medical Society, held June 5th, 1884.

Dr. Davis reported a case of placenta-praevia. The patient began to flow at 6th month, the flow coming on without exertion. Made a diagnosis of placenta-praevia. She lived 12 miles off, no physician near her. Considered her removal to city, but at 7th month she began to

flow so often that it was thought not to be safe. Decided after consultation with Dr. Thomas H. Hawkins to produce premature labor. Dilated the cervix with the fingers until the hand could be passed, detached the placenta on the left side, ruptured membranes and brought down the foot, and delivered. She was then about $7\frac{1}{2}$ months pregnant child still-born.

Dr. Russell asked if the hemorrhage stopped after the placenta was detached.

Dr. Davis said it did not, as only one side was detached. He had previously detached as far as he could reach with the fingers; this stopped it for a time.

Dr. Mavity thinks well of the plan of detaching the placenta when the child cannot be saved.

Dr. Davis said that they had hoped to save the child, and would have succeeded in doing so, had not the neck of the child been caught firmly by the cervix, causing fatal delay.

Dr. Latimer reported a case: A German, aged 45, weight 180 lbs., was thrown from a bi-cycle 5 weeks ago, dislocating the right humerus downward and forward. A well-known surgeon was called, who diagnosed a sprain and ordered salt-water baths.

The dislocation is well marked; there is but little use or motion. The Doctor asked if it was best at this late date to attempt reduction.

Dr. Cory mentioned a case where a good result was obtained at the end of six weeks; reduction being performed under chloroform.

Dr. McMurtrie had seen several cases of late reduction; one, of the hip, required great force, pulleys being used. There was a good result, however.

Dr. Mavity spoke of a reduction of the hip after 6 or 7 weeks. It took $\frac{1}{2}$ or 3 times under chloroform.

Dr. McMurtrie related a case of fracture of the surgical neck of the femur which was overlooked, permanent lameness resulting.

Dr. Fay reported a case of a boy, aged 10 years, residing 8 miles away. A bank had fallen upon him. He found him in a state of profound shock, with feeble pulse and marked pallor. The femur was fractured in the middle third; there was a deep gash in the groin 7 inches in length, entering the abdomen.

On removing the dirt he found a fracture of the pubic arch. Inserted a drainage tube and closed the wound with sutures. It is now a week since, and there is peritonitis. Thinks he will recover.

The society passed suitable resolutions upon the death of Drs. S. W. Gross and Willard Parker.

Meeting adjourned.

Attest :

L. H. WOOD, M. D.

Recording Secretary.

A stated meeting of the Arapahoe County Medical Society, was held at the office of Dr. W. C. Peaslee, July 23rd 1884, the President, Dr. Mavity being in the chair :

After the transaction of regular business, Dr. Cole related a case of induction of premature labor, at the 8th month, for the relief of reflex convulsions, which although controlled by chloroform, would frequently return. With Dr. Thomas H Hawkins in consultation, the uterus was dilated digitally, and in two hours a living child was delivered the placenta was readily expelled. There was only one subsequent convulsion, child still living, four months old.

Dr Mavity reported case of puerpural convulsions, in which he gave ergot after partial dilatation, no convulsions occurred after contractions were induced. The same treatment in another case increased the convulsions. In a report to the Indiana State Medical Society, tr. ver. vir. in one drachm doses every two hours was recommended for puerpural convulsions. He did not endorse this treatment.

Dr. Peaslee reported case of convulsions at 5th month, in which chloroform and morphia hyperdermically only relieved for the time. He used the hot-pack, diuretics, and elaterium, with relief for the dropsy, and she went to full term.

Dr. Hawkins once saw collapse caused by two drop doses of tr. ver. vir. every two hours. An old physician told him there was no danger, and the next day the patient was all right. This doctor had often given one drachm doses and had no fear of the collapse,

Dr. Ward in lieu of a paper, related three cases of retained placenta. Case I. Miscarriage at 5th month, some hemorrhage, placenta retained, cord broken by traction. Gave one drachm doses ergot every 2 hours which failed to expell. Ten days after the placenta was expelled in good condition by a few sharp pains, and with but slight hemorrhage, Case II. Placenta retained at 6th month, it was delivered by means of the speculum, tampons, ice etc., and was soft and disintegrated. Case III. Abortion at 6th month, produced by the patient herself, by the use of a wire, which pierced the child. There was some hemorrhage, and the placenta, or a portion of it, was retained, although it was supposed to have come away.

The hemorrhage continued, and was controlled by injection of carbolic acid and olive oil, which the doctor uses in such cases.

Dr. Cole said that he was taught not to interfere with a retained placenta, that it would come away in good time, and has often seen them do so. In one case it did not come away, he felt it the second day. It was never expelled so far as known and a search for it at a subsequent labor failed to find it. What become of it he does not know.

Dr. Cory related a case of frequent hemorrhage, finally after giving ergot a fresh placenta was expelled, after 2 or 3 months retention. Thinks it well to wait, although we may have some hemorrhage. In one case there was severe flowing after 8 or 10 days, used the tampon and the next day removed a placenta with placenta forceps. Has often seen severe flowing, usually removes placenta with the finger.

Dr. Hawkins related case of a primipera, slow, tedious labor, used forceps, during the delivery the cord was broken; the husband refused to allow the delivery of the placenta, on the 9th or 10th day the patient left town, and he has not heard of its expulsion. Reported another case in which the placenta was expelled a month after an abortion had been produced. In another case, there was contraction of the cervix after giving ergot, before the expulsion of the placenta.

Dr. Williamson reported case of retention of a placenta at the 3rd month, for a week, some flowing; was easily removed by the hand and was not decomposed.

Dr. Russell said the dangers were, hemorrhage and blood-poisoning. In a case which had been considered to be colic, after abortion at 3rd. month, he removed a placenta with the finger. If the placenta has been detached, he would after a few days wash out the uterus with carbolized water. Thinks some cases best treated by immediate removal of the placenta, others by waiting, would always remove after 24 hours.

Dr. Wood considers it best always to complete the labor by the removal of the placenta, if possible, before leaving the woman. The finger is undoubtedly the best instrument for this purpose, although Munde' recommends a large sized dull curette, seizing the placenta between the curette and one finger. Many of the cases related this evening exhibit the great danger of hemorrhage to which the patient is constantly exposed until the uterus is completely emptied of its contents, and which may be so severe as to endanger her life.

It seems to him to be our duty to protect her from this danger, unless unusual difficulties are encountered in removing the placenta, when it may be best to wait. Has never met a case in which removal

was impossible in his own experience. As to giving ergot before the expulsion of the placenta, it adds much to the difficulties of so doing, by interfering with the dialation of the cervix. Thinks it better not to give ergot until the completion of the 3rd stage, but after the expulsion of the placenta he would give ergot in the majority of cases, excepting those in which the uterine contractions were firm and vigorous.

Dr. Mavity thinks it best to leave the placenta alone if there be no hemorrhage or fetid odor, uses hot water for slight flowing.

Dr. Ward mentioned the possibility of small pieces of the placenta being retained and causing trouble.

Dr. Cory related such a case, flowing caused by a piece of placenta the size of a walnut and ceasing upon its removal. Another similar case with slight continuous flowing, he removed a piece the size of a pea. Would always search for a cause in such cases. Has always given ergot at the end of the 2nd stage, but in a recent case it caused him much trouble, the placenta not coming he found it so firmly contracted which made its detachment and removal quite difficult.

Dr. Russell asked for the report of the result of the attempt to reduce a dislocation of the humerus of 5 weeks standing by Drs. Latimer, Davis and Wood, which was mentioned at the last meeting.

Dr. Davis reported that it was a case of subclavicular dislocation, the head of the bone having been driven forward and a little downward. The patient was etherized and reduction attempted both by manipulation and by traction, but failed, chloroform was then given to relax the patient more fully, as he did not come under ether completely. Traction was then made by a sheet attached to the arm and the tied ends passing over the doctors shoulders, he having one foot in the axilla and the other on the achromion, but, this also failed. Manipulation was again tried by Dr. Ward and reduction effected. The return of the head of the bone to its sockets was quite noiseless, there being no snap or click, the glenoid cavity being evidently filled with granulations. The patient is doing well, no unusual inflammatory reaction followed the reduction, and he has already considerable use of the arm.

Dr. Hawkins asked if it should be called reduction by combined traction and manipulation.

Dr. Wood said it ought to be classed as a case of reduction by manipulation after the failure of prolonged traction. The traction probably aided the subsequent reduction by disengaging the head of the humerus from its entanglement and rendered the reduction by manipulation possible, which had failed before the extension was employed.

The Society adjourned to meet the 1st Thursday in September.

ATTEST :

L. H. Wood, M. D.

Recording Sec'y.

PRIVATE HOSPITALS FOR WOMEN.—THEIR CONSTRUCTION, MANAGEMENT AND ADVANTAGES, AND THE EXTENT TO WHICH THEY ARE ADVERTISED, ETC.

By THOMAS H. HAWKINS, DENVER.

(CONTINUED FROM AUGUST NUMBER.)

The following is an article by Dr. R. S. Sutton giving an account of his private Hospital work which I reprint from the *Obstetric Gazette*.

“In accord with a promise made through the columns of this journal, I now proceed to report all the laparotomies done in my private hospital since its opening in September last. In none of these cases has any spray been used, and in only two, the last couple, has any carbolic acid been used in the water for the sponges and instruments. In all the cases the abdominal wound has been dressed antiseptically. All the ligatures and sutures have been used from a five per cent solution of carbolic acid. The temperature of the operating room has always been above 80° F., the floor has always been wet with a solution of sublimate 1-2000. Those present at the operation have always been few, and they have left their coats outside the operating room. Of the ten cases now to be given in detail, nine recovered and one died of embolism of the pulmonary artery on the fifth day. In three of the cases both ovaries and tubes and the uterus above the vaginal attachment were removed. These cases all recovered. The remaining seven cases were ovariectomies for cysts of one or both ovaries, and for solid tumors of the ovary. The tumor in the fatal case was a sarcoma of the left ovary and weighed five pounds.

Case 1, Oct. 22, 1883. Mrs. J. B., aged 26. Multilocular cyst of left ovary; weight, 12 pounds. No adhesions. Pedicle tied with silk, and dropped in. Present Drs. Rahausser and Parke of Wellsville, Oh. No after medicine required. Temperature never taken. Recovery rapid.

Case 2, Nov. 8, 1885. Mrs. K. M. O., aged 36; multilocular cyst of left ovary, weight 18 pounds. No adhesions. Present Dr. Rahausser, assistant, Drs. Hatton and Robinson of West Newton, Pa. Pedicle tied with silk and dropped in. No after medication was required. Highest temp. 100° F. Recovery rapid.

Case 3. Dec. 28, 1883. Mrs. S C., aged 30. Multilocular cyst,

right ovary; extensive adhesions to omentum and walls of abdomen; pedicle immense; patient feeble. Weight of cyst and fluid about twenty pounds, not weighed. The pedicle was tied and burned off after Keith's method, then dropped in. A large portion of the omentum was treated in the same way. Her recovery was prompt. Highest temp., 99.8. Present Drs. Rahauser and Patton, and Dr. Emery, of Venetia, Washington Co. Pa. Recovery rapid.

Case 4. Feb. 2., 1884. Miss B. T., aged 24. Supra vaginal amputation of the uterus with both ovaries and tubes for constant hyster-algia with intolerable dysmenorrhœa. The cervix uteri was transfixed above the vaginal attachment, and the uterus was cut off, the end was hollowed out a bit and the edges stitched together with carbolized silk-worm-gut suture, cut short. The pedicle was left in the pelvic cavity. Present, Dr. Rahauser and Drs. Akerman and Baguley of Wheeling. The patient recovered nicely. Highest temp. 101.6 on sixth day. Recovery rapid.

Case 5. Feb. 20, 1884. Miss P., aged 39. Supra-vaginal amputation of uterus and ovaries for large fibroid tumors. The tumors were four in number, no pedicles, three subperitoneal, one interstitial occupying the neck above the vaginal attachment. The cervix was transfixed and tied off below this small tumor and everything above the ligature was removed. The uterus and tumors weighed five pounds. The end of the stump was stitched and the stump dropped in. A drainage tube was introduced at the lower angle of the abdominal wound. Present, Dr. Rahauser, Dr. W. L. Stone, of Pittsburg, and Dr. W. A. Findley, of Altoona, Pa. The patient recovered promptly.

Case 6. March 28, 1884. Mrs. L. K., aged 28; has never menstruated, is very feeble. On right side multilocular ovarian cyst, broad ligament spread out over it. The cysts were emptied and removed with the uterus just above the vaginal junction. After fixation and firm ligation of the cysts and cervix separately, both pedicles were divided with Paguelin's cautery. The cyst walls and uterus were firmly attached and I preferred hysterectomy to leaving a wounded fundus uteri. A cystic ovary was found on the left side, the cyst being as large as a cocoa nut, and removed, the pedicle being divided with scissors and touched with the cautery. The pedicles were left inside, and a drainage tube inserted. This was double ovariectomy for cystic ovaries, and supra-vaginal amputation of the uterus at the same operation. Present, Drs. Rahauser and Stone, of Pittsburg, Dr. McCune, of Steeterville, Pa., and Professor Gill, of Wooster Medical College, Cleveland, O. The

recovery of this patient was slow, but good, She required great care and stimulation for eight or ten days after the operation. She went home seven weeks after the operation, and is now reported in good shape. The weight of the material removed amounted in all to ten or twelve pounds. The drainage tube was left in for fifty-four hours and gave exit to four fluid ounces of bloody serum.

Case 7. April 2, '84. Mrs. A. S., aged 28, measured 54 inches around the body; face and extremities emaciated; breathing difficult. An incision 15 inches in length was required. The tumor was multilobular, and a large trocar failed to evacuate any contents. The cyst was cut into with scissors, and the hand and arm introduced. Thirty pounds of colloid and gelatinous contents were thus removed, and the cysts weighing sixteen pounds were then removed from extensive adhesions to the abdominal walls intestines and liver and delivered. Many ligatures were applied, the pedicle was tied, severed with the cautery, and dropped in. Hemorrhage persisted from the surface of the liver, which was stripped of peritoneum for a distance of several inches in length and an inch in width. The entire surface was cauterized with Paquelin's cautery. A drainage tube was left in. Present, Drs. Stone, Bane and Sterritt. Her recovery was rapid. Highest temperature 101.2° , normal on the fourth day. Sent to her own residence in the city on the fifteenth day after the operation. She is now in fine health. The weight of cyst and contents was forty six pounds. The woman was small.

Case 8, May 12, '84. Mrs. A. D., aged 47, very large; much free fluid in the abdomen, and a large solid tumor, very sore on pressure. A long incision let out the tumor, which was free from adhesions and sprang from the left ovary. The pedicle, very short, and containing enormous blood-vessels, was tied with silk and dropped in. The peritoneum was very red extensive chronic peritonitis being present. Quite two gallons of ascitic fluid was removed, a drainage tube introduced and the wound closed. The flow from the wound was free, and during the two days following, nearly a quart of bloody serum was discharged; during the next thirty-six hours very little serum came away.

At the beginning of the fourth day her condition was excellent as to pulse and temperature, but she complained of pain over the left lung, it hurt her to breathe deeply. The surface was painted with iodine, and one eighth of a grain of morphia given hypodermically. At 9 a. m. next day her temperature, was 99° , and pulse 114. She had nausea, and vomited. At 1 p. m. she died, with symptoms of embolism of the left pulmonary artery.

At the post mortem her peritonitis was found cured, her abdomen was free from bloody serum. We were not permitted to examine her lungs or heart. At the operation Dr. Stone assisted, and Dr. Feindenburgh was present. The tumor proved to be a sarcoma.

Case 9, Mrs. M. G., aged 51, multilocular ovarian cyst, recently had peritonitis. Extensive parietal adhesions were encountered. The pedicle was very short; was tied and dropped in. A drainage tube was left in. For several days bloody serum escaped. Her recovery was rapid, and she went home on the fifteenth day after the operation. Lived near the hospital. There were present at the operation Dr. Stone, assistant, Dr. W. I. Langfitt and Mr. George Keith of Edinburgh, Scotland.

Case 10, June 5, 84. Miss E. M., aged 22. Multilocular ovarian cyst; no adhesions; very broad pedicle. Treated with cautery-clamp after the method of Keith, and dropped in. As the pedicle was very large, a double ligature was applied before severing it with the cautery. Her recovery was rapid. The incision was only two inches long, and healed in a few days. She was taken to her residence near the hospital on the 12th day after the operation.

Present Dr. Stone, assistant, Dr. Langfitt and Mundorf and Mr. George Keith.

In all my operations I have but one assistant, and permit but few spectators. I am not mixed up in general practice, neither is my present assistant, Dr. Stone. My former assistant, Dr. Rahauser, very superior in such work, has kindly stood aside on account of his general practice. Zymotic disease practice and abdominal surgery, in my judgment, are not compatible. My building has proven too small for abdominal and pelvic surgery. That I might indulge in cervical and perineal surgery, as well as in the less profitable abdominal work, I have erected a separate building on my lot, over one hundred feet from the present building. This new building is especially adapted for abdominal work, and will be used exclusively for this purpose. It will be completed within a fortnight."

VENEREAL DISEASES.—THE TREATMENT OF GONORRHOEA BY OPEN WIRE BOUGIES.

Gonorrhœa is a specific catarrh of the mucous lining of the urethra—a condition in which there is rapid inflammatory cell-proliferation and exudation of fluid from the mucous surface. These catarrhal changes necessarily begin at the anterior extremity of the urethra, and travel backwards. The fossa navicularis suffers early and severely; and backward along the course of the passage; another part that is severely

affected is the sinus of the bulb. These two parts are wider than the parts of the canal immediately behind each, and so small portions of fluid are apt to lodge more persistently there than in other parts of the canal.

In the local treatment of this affection it is obviously very desirable to keep separate the inflamed mucous surfaces. The condition is in many respects analogous to a moist eczma intertrigo, where cure is indefinitely postponed unless the surfaces are by suitable dressing maintained apart. The injections in gonorrhœa that have been most successful are those that have best fulfilled this indication of treatment, and lately Mr. Cheyne's medicated bougies of cacao butter have given further aid in this direction. To carry out more effectually the keeping separate the secreting surfaces, I have had made open wire bougies. These are of two forms.

The first form is for the effective administration of injections. The part *a* is a short length of catheter-tube, to which are soldered the wires of the open bougie, and to the part is also attached a short piece of India-rubber tube. This instrument being introduced until the part is well within the meatus of the urethra, the solution to be injected is introduced by a syringe, and, when quite full, the india-rubber tube is compressed by a spring clip. to prevent the escape of the fluid. Within from twenty to thirty minutes the injection will be almost wholly absorbed by the urethral walls, and then the instrument may be withdrawn. By this means, the injection is applied to, and kept applied to, any part of the urethra that may require it until absorbed. By the ordinary method at present in use, the contrast is at best very brief; and, as the part of the passage that is most in need of treatment is usually the most irritable, the injection is, by the instantaneous reflex contraction of that part, at once driven from it into other portions of the canal.

The second form is an open wire arrangement throughout, and is constantly worn by the patient, so that the discharge may drain freely away, and not lie in the passage and give rise to renewed secretion, as constantly goes on in the ordinary treatment at present. These instruments are well borne in the urethra, and the patient pursues his ordinary avocations while wearing the second form.

The length of the wire bougies is of course, in proportion to the distance up the canal which the catarrhal affection has traveled; in recent cases an inch and one-half may suffice; in older cases it may be necessary to have it greatly longer.

Mr. Hillard, of Renfield street, Glasgow, can supply them to any member of the profession who may be inclined to put this method of treatment to the test.—D. C. McVAIL, *Brit. Med. Jour.*

WHEN TO USE THE FORCEPS.

Dr. T. G. Comstock, in the *St. Louis Clinical Review*, gives the following aphorisms :

(*Precaution* : If the forceps must be resorted to, it is better not to delay ; rather use them a little early in the labor than wait too long.)

1. In the second stage, as soon as labor flags ; pains severe, uterine contractions sufficiently powerful ; yet the head makes no descent or advance.

2. Presentation fair, head in the vagina, soft parts swollen, the perinæum rigid, and the pains, though severe and trying, cease to be actively progressive.

3. In posterior-occipital positions, where rectification of the position and normal rotation can be effected.

4. In cases of puerperal convulsions, dangerous hemorrhage, extreme exhaustion, rupture of the uterus when the head is within reach of the forceps, some cases of placenta prævia, after first trying the colpeurynter or tampon, uterine motor stimulants (*ergot*) and dilating the os.

5. In complicated labors, when the hand or arm descends with the head ; prolapsus of the cord ; other expedients having been tried in vain.

6. In breech presentations, to extract the after-coming head as soon as the body has been delivered. In such cases delays are always dangerous to the child.

7. In moderately contracted pelvis, when the head is so compressed as to require assistance.

8. In cases of pendulous abdomen, where we have a pendulous uterus, so that the expulsive pains are mis-directed.

9. In face presentations, where the difficulty lies in the lower outlet, and we fail to bring the chin forward, under the symphysis pubis ; even here the forceps are preferable to turning.

10. In cases of complete impaction of the foetal head, the forceps are always indicated.

11. When the mother has an organic disease of the heart, is subject to attacks of violent palpitation followed by syncope, is in the last stage of pulmonary phthisis, has a hernia liable to strangulation, or is asphyxiated.

12. In prolonged labor for want of uterine power, and in complete inertia of the womb.

13. When the labor pains are severe, but the natural powers of the

mother do not expel the child two hours after the rupture of the membranes, and full dilation of the os.

14. Any other complications or emergencies that may suddenly set in during labor, causing a delay calculated to endanger the life of either mother or child.—*Mass Eclectic Med. Jour.*—*Am. Med. Digest.*

[This is on the whole a fair resume of the indications for forceps. It occurs to us, however, no code of rules for the use of forceps is complete which conveys no warning against the too hasty resort to them. Much harm is done with forceps owing to the prevailing tendency to underestimate the difficulty and danger of this operation. Grave mischief is frequently inflicted by the precipitate and careless use of this instrument where nature alone would have delivered safely. Again, oftentimes what would be difficult instrumental delivery may be converted into an easy, natural labor by the early diagnosis and correction of a mal-position or mal-posture of the head; for example, an occipito posterior position or an imperfect flexion. It is important, therefore, before resorting to the forceps, to make sure that the delay does not depend on some fault capable of correction. Referring to the Doctor's seventh aphorism, it is an important rule of practice not only to apply the forceps in a pelvis slightly narrow in the conjugate only until the equator of the head has passed the brim. The head in such a pelvis naturally descends through the brim in a semi-extended posture, and with its long diameter nearly in transverse direction. The forceps above the brim greatly increases the resistance by inducing premature flexion and rotation. In such a case version above the brim is a much better procedure, since it does not disturb the natural mechanism while the head is passing the brim.

In case of pendulous abdomen, uncomplicated (aphorism eight), the forceps are not indicated. The only thing needed is to correct the misdirection. Hold the upper segment of the uterus in its proper place manually or by means of a binder.

With reference to the thirteenth aphorism, it is a question whether this does not cause certain cases in which a hypodermic of morphia or a dose of chloral would effect relief by regulating the pains.]

NOTES AND MISCELLANY.

The death of Dr. Erasmus Wilson, of London, is announced.

Wanted.—Only one dollar for the MEDICAL TIMES for one year.

Announcement of the fourth annual session of the Medical Department of the University of Denver.

The Rush Medical College has now in connection with the college building a very fine hospital.

Proceedings of the Kentucky State Sanitary Council held at Bardstown, Ky., March 27-28, 1884.

The Hawkins' Hospital for Women, which has been closed for disinfection, will re-open September 1st, 1884.

Drs. Edson, Edmundson, Lemen, Cox and Rogers have been added to the faculty of the Denver Medical College.

The Pacific Medical and Surgical Journal and *The Western Lancet* have united under the editorship of Dr. Whitwell.

The College of Physicians and Surgeons, has the finest and best arranged college and dispensary building in Chicago.

Dr. William A. Hammond has turned novelist. His first novel, "Lal," is just out, and possesses more than ordinary merit.

We have just received a handsome morrocco case containing urinary test papers, introduced by Dr. G. Oliver, from the well-known firm of Parke, Davis & Co.

Denver is having a quiet run of small-pox, though the daily papers threaten to make it public in a few days, if something is not done soon to stay its (small-pox) ravages.

"*The Urine in Disease.*" This is a valuable chart. It is a supplement to the *Medical World*. The chart and the *World* for one dollar. The chart is worth the world to us.

Dr. Cæsar Henry Hawkins, the great and famous English surgeon, who had been sergeant-surgeon to her majesty, Queen Victoria, for a number of years, died in London, July 21st, 1884, at an advanced age.

Dr. Philip F. Weigel, of this city, a graduate from the Munich University, Bavaria, of 1834, has just received his fiftieth anniversary diploma. This is considered a very high honor, and very unusual. We heartily congratulate him.

Boulder is to have a hospital built especially for the medical department of the State University. We wish this Boulder College success, but our sympathies naturally are with our first love, the Denver Medical College. There is in Denver everything necessary to make this *the* College of the West.

Dr. J. H. Kimball resigned his chair in the Denver Medical Col-

lege, to accept the chair of Physiology and Therapeutics in the Medical Department of the State University.

Dr. McLauthlin has accepted the chair of Pathology and Histology in the same institution, and Prof, W. R. Whitehead, that most indefatigable worker, has assumed the chair of Surgery in addition to that of Anatomy, and Dr. Ambrook has accepted the chair of Theory and Practice of medicine.

About twenty new doctors have located in Denver within the last three months. We wish them succes. There is at present one doctor to every 250 population. No wonder this is such a healthy city. Denver has a Medical College and is the home of twenty-five or thirty professors of the science of medicine: also five or six hospitals and students enough to supply the long-felt want of more doctors.

Dr. H. A. Lemen of Denver, condemns, "ovariotomy shops" and to prove that they are not necessary for the greatest success in the removal of abdominal tumors, cites Keith as the most successful operator, that we have. *Inconsistency, is thy name Lemen?* Dr. Keith has conducted an "ovariotomy shop" for the last twenty years, the only "shop" so far as we know, that is exclusively devoted to abdominal sections.

The doctor thinks, those who have private hospitals for women, especially if they advertise by circular, should be kicked out of the medical societies. Very well Doctor, we say *amen*, but please begin with Thomas, Battey, Jenks, Tait etc., and the smaller fry will be crushed out in the conflict.

It is said you know, dear doctor, "that a man is known by the company he keeps," so if you don't like the company of these men, you need not start a private hospital, and if you would annihilate them, spare them not in the days of your wrath.

Read Battle & Co.'s change of ad.

Wm. S. Merrell's fine specialties are favorites in Denver.

Lactopeptine is a most valuable digestive agent and superior to pepsin only.

The International Medical College will meet in Washington, D. C., 1887.

We are using Horlick's food for infants and invalids with good results.

Reed & Carnrick give us a new and valuable page of reading matter in our advestising colums.

We find Metho-Glycerole of Bismuth and hydrastia is of great value in the treatment of many uterine troubles.

Dr. Morell Mackenzie, of London, has published a pamphlet on hay fever. It is very exhaustive and complete.

Professor L. Hermann, of Zurich, has been called to the chair of Physiology at Berlin to succeed V. Wittich.

Gun Shot Wounds of the Small Intestines.—A pamphlet of sixty seven pages, by Charles T. Parker, M.D., of Chicago.

The celebrated Physiologist, Professor Carl Vierordt, of Tubingen, has resigned, and his place is to be filled by Professor Grutzner, of Bern.

MORE CHOLERA COMMISSIONS.—The Roumanian Government has sent Dr. Maccovich as a "commission" to Marseilles, in order to study the cholera.

A PLAGUE COMMISSION.—The Russian Government has sent Dr. Batorsky to Bagdad, for the purpose of investigating the plague, now prevalent there.

Hoff's Malt Extract.—We have received sample bottles of this preparation, and have tried it, and take pleasure in recommending it to the medical profession.

A LONDON (CANADA) MEDICAL SOCIETY.—The medical men of London, Canada, have recently met and organized an association for social and scientific purposes.

VOMITING OF PREGNANCY.—The valerianate of cerium in ten centigramme doses three times a day, is recommended in the vomiting of pregnancy.—*Md. Med. Jour.*

A singular accident is reported by Dr. Allen, of a fold of mucous membrane following the urine through the eye of a catheter and holding it until smartly twisted loose.

Lambert & Co. are noted for their preparation known as Listerine, and their Lithiated Hydrangea would be equally well known and appreciated if physicians would test its virtues.

WOMEN AS INTERNES IN THE PARIS HOSPITALS.—It is stated in the *Revue Medicale*, that women are soon to be admitted to the examinations for positions as internes in the Paris hospitals.

The Land Office exhibit at the Worlds fair will contain maps of the public domain, charts showing the growth of the States, the disposi-

tion of land since the government was begun and much other valuable information.

The characteristic enterprise of the *Medical Record* finds another illustration in its cable report, in its issue of 2d inst., of the proceedings of the British Medical Association at its meeting in Belfast, Ireland, on July 29th and 30th.—*Medical Age*.

VIRCHOW vs. PETTENKOFER.—Professors Virchow and Pettenkofer are busily arguing with each other upon the subject of cholera. The gist of their differences lies in this: Virchow is a contagionist, Pettenkofer is a localist. That is to say, the latter believes that no specific germ can produce cholera unless there is a specific local condition to favor it.

The cholera continues to decrease in extent and violence at Toulon and Marseilles. It has, however, now spread to over forty places in France, and to a large number of places in Italy. While the disease has become milder in the two cities mentioned, it shows a malignant type in many of the small towns which it has reached.

Dr. Wm. B. Hazard, Prof. of Practice and Medicine, St. Louis College of Physicians and Surgeons, says: "Bromidia is an effective, powerful and safe hypnotic. Its effects are agreeable and devoid of the depression of the heart's action often noticeable after the exhibition of chloral by itself. Practitioners will find it a very trustworthy addition to their list of useful remedies."

NEPOTISM AT THE MASSACHUSETTS GENERAL HOSPITAL.—Some interesting correspondence has been going on in the *Boston Medical and Surgical Journal* relative to the above subject. It is charged that the medical board appoint as *internes*, members of their own or friend's families, and that appointments are matters of personal favoritism rather than of real merit. There seems to be some truth in the charge, but it is not denied that the *internes* are good men.

The first case of yellow fever which has appeared in this country during the present season was reported on August 15th, and occurred at Key West, Fla. The patient was an officer on board the U. S. vessel Galena. The Galena was ordered an once to Portsmouth, N. H., while the patient was taken in charge at Key West. It is now six days since the case was reported, and there is as yet no further appearance of the disease.

THE MEDICAL DETAILS OF CANNIBALISM.—The account of the examination of the body of Lieutenant Kislingbury, as given by two physicians of this State, and telegraphed all over the country, were shocking

in the extreme. We cannot see the necessity of medical men lending their special knowledge for the elaboration of horrible details regarding the supposed Arctic cannibalism. Is science or the world any better for knowing that the pectorales muscles were eaten and the recti abdominales were not?

THE HEAD OF CAMPI.—The experiments of Dr. Laborde, which we have already referred to, upon the head of the assassin Campi, were rather tame after all. It was an hour and a half after the execution before fresh blood was injected into the carotid arteries. The face naturally became suffused, some electrical reactions were obtained, but no reactions of the special senses, and no reflexes. The assassin had agreed before death to make some signal if the transfusion brought back any consciousness. Campi's brain was turned over to the Anthropological Society.

ADULTERATED BEER.—Imported, and especially Bavarian beer, has been supposed to be exceptionally pure. This is not the case, however, according to recent reports. They say that so many complaints have been made of adulterated beer that the Bavarian Government has taken the matter in hand and ordered an investigation to be made. All breweries are to be subject to inspection. At Memmingen the inspection has resulted in condemnation of thirty three brewers to pay fines ranging from \$50 to \$250, according to the degree of impurity of their beer. Three others were sentenced to eight months in prison.—*Medical Record*.

St. Louis, July 18, 1884.—“In those forms of neuralgia and rheumatism of a malarial origin, and most seem to be such, have been highly gratified by the action of Tongaline in conjunction with quinine, the therapeutic properties of both seeming to be accentuated under these circumstances.

“With each dose of Tongaline I prescribed two to five grains of quinine, according to the severity of the case and the susceptibility of the patient to the effect of the latter.

“Thus far have not experienced a single failure.”

[Extract from July number '84 of *Medical Brief*, page 323.]

THE CANADIAN MEDICAL ASSOCIATION—THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The Canadian Medical Association meets next week August 25th, 26th and 27th. The meeting of the British Association for the Advancement of Science will commence on Wednesday afternoon, August 27th, after the close of the Canada meeting. Over fifty of the physicians and surgeons who have promised to

come out for the British meeting, have been invited to attend the Canada meeting, and more than half have accepted, among them being Mr. Lawson Tait, who has promised to deliver an address on "Abdominal Surgery."—*Medical Record*.

A NEW FIELD FOR THE ASPIRATOR.—A. H. Garnet, M.D., (*Cincinnati Lancet and Clinic*, January 6, 1883,) says, after having tried in vain to relieve a patient suffering from retention of urine, we were about at our wits' ends when the aspirator was brought out. (Miller with the stomach pump combined.) The needle was detached and the rubber attached to a catheter, previously introduced into the bladder.

The aspirator was then worked upon the principle for which it was devised, and the powerful suction not only dislodged the clots, but drew them through the instrument and they were discharged along with the urine through the escape tube of the aspirator to the relief of both doctors and patient.

WOUNDS OF THE HEART.—Among the numerous wounds of the heart just now going the rounds of the medical press there has not been cited the case of Biffi (*Archivio Italiano per la Malattie Nervose*, 1869,) and the case of Valsalod, cited by the same author. The first case was that of a lunatic, who introduced a needle into the left side of the heart, which penetrated into both cavities. The needle was found on autopsy (there had been no marked symptoms from its presence in the heart) 22 months after its introduction. It was adherent to the mitral valve. The second case was that of a shoemaker, who stabbed himself with a poinard. He recovered from the wound, and 19 years after, the cicatrix of a penetrating wound of the heart was found on autopsy.

THE TREATMENT OF INCREASED ARTERIAL TENSION.—Solomon Charles Smith, M.D. (*British Medical Journal*,) after discussing this subject and dwelling at length on the physiology of the circulation, concludes that the presence of increased arterial tension of blood pressure involves the existence of obstruction at one end, and increased heart-force at the other; that it is important to distinguish between these two conditions; that the form of trace usually considered indicative of high tension, really shows obstruction which, while necessarily occurring with it, may also occur by itself; that the measure of the tension is the pressure required to stop pulsation in the artery or the circulation in the limb; and that while we should always try to reduce abnormal obstruction, we should but seldom interfere with the tension as such, unless it threaten danger to the heart or vessels.

CURE FOR RED NOSES.—The sun which shines for all is sometimes a factor in producing red noses. It is very appropriate, therefore, that the New York *Sun*, which also shines for all, should devote its columns to discussing remedies for the congested organ. The following are three "cures" suggested by as many correspondents:

"A remedy which I used with best results is the following: Take of vaseline one ounce; precipitated sulphur, two drachms. Mix well and apply to the affected part night and morning; rubbing in well. Continue the application for one or two weeks and the redness will disappear.

"PHYSICIAN."

"For the benefit of 'A Reader,' Marshall County, W. Va., I would suggest that a good strong brine might effectually and permanently cure the red nose of which he complains.

W. H. H."

"Another plan. A remedy for red nose. Keep on drinking and it will turn purple."—*Medical Record*.

SLAP STICKS.

ON CAUSTIC ANÆSTHESIA.—M. Jules Guerin (*France Medicale; Weekly Med. Rev.*), gives the record of a case of ulcerated scirrhous of the breast, treated in the above manner.

The operation was as follows: A layer of Vienna paste was applied two centimeters in height and width, maintained and limited by a double band of adhesive plaster. The patient says that all pain, which had been moderated, had ceased. It was left on twenty minutes in all, and when removed the surface was wiped with a cloth containing vinegar, and a black, perfectly regular band was observed.

The breast was suspended on a wire carried under it by a probe, and cut loose from its cutaneous periphery, and torn loose with the fingers.

The operation lasted ten minutes, and only two teaspoonfuls of blood were lost.

The patient suffered no pain during the operation. "The after consequences were of the simplest and happiest."

There was no fever, no rigor, no raised temperature.

The wound healed by regular, healthy, and complete granulation.

The band of the eschar formed an impassable barrier to the fluids, and thus prevented absorption.

Having used McArthur's Syrup of Hypophosphites for more than a year I would like to report to you one case in particular. In June last I was called to see a young man, aged 18, whose mother and one brother had died from phthisis. I found him suffering from severe pleuritic pain, night sweats, severe, distressing cough, and profuse expectoration,

characteristic of first stages in phthisis, tongue coated, pulse 128 to 130, temperature 104° at night, profuse crepitus in lower half of left lung, dullness on percussion over almost entire left side, intercostal depressions marked in left mammary, extending backwards and into left axillary region, no appetite, and general facial expressions of rapid emaciation, etc. I began the use of McArthur's Hypo. Comp., and continued four months, using some other means for night sweats and such other conditions as seemed to require attention. To-day the young man is about the farm doing light work, appetite excellent, no cough, no night sweats; the wasting of lung substance is arrested, leaving dullness in left lower lung, vesicular murmur gone, but the disease is temporarily arrested, at least, and he has increased his weight forty-three pounds. With care I expect to get him through the winter in good shape, and possibly a permanent recovery may ensue. I have used the syrup in five other cases during 1883 with good results. Very respectfully,

"CHARLES F. BRANCH, M.D.,

"Sec'y Board U. S. Examining Surgeons."

Naturally, the question of priority as to the discovery of the alleged cholera bacillus now appear. A correspondent of *The Lancet* puts in a claim for the late Professor Pacini, of Florence, the discoverer of certain corpuscles in the skin bearing his name. In 1854 he wrote to the *Italian Medical Gazette* as follows: "Examining minutely the different parts of the gastro-enteric tube of subjects dead from cholera when in the algid state, I was forced to the conviction that that epithelial lesion is covered by nothing but a very simple organism of extreme tenuity, which I shall call 'microbe,' a term generic and modern, and with special reference to the disease in question, 'colerigenous microbe.'" This discovery was more quickly and thoroughly appreciated by foreigners than by its author's own countrymen, and in 1865, on the next cholera visitation, Pacini wrote: "When my scientific labors, having made the tour of Europe, will have returned, arrayed in foreign garb, to Florence, they will have permission to enter the schools, and then we shall be enjoying the tranquil repose of Trespiano—in our grave, in short." "This bitter forecast," says *The Lancet*, "has been verified almost to the letter, Pacini's doctrine, rehabilitated by the German Cholera Commission, being now adopted by his compatriots and taught in the *Instituti Pathologici* of Italy a year after his death." We must dissent from the opinion that Pacini discovered the cholera bacillus. He very likely saw some minute organism in the intestine, as many others have done, but the cholera bacillus, according to Koch's description, is

revealed by a one-twelfth oil immersion with an Abbe condenser, the tissue being dried and stained with fuchsin. It is quite safe to say that Koch is the Columbus of the Comma-Bacillus, whatever its significance may turn out to be.—*Medical Record*.

DIABETES MELLITUS—RHEUMATISM.—Case 1.—Mrs. H., æt. 62, native of Kentucky, troubled with attacks of diabetes at irregular periods for the past ten years, of late years suffering a great deal with severe cystorrhœma; pain in back and loins; incontinence of urine. The usual remedies had been persistently tried without any permanent benefit; to palliate the suffering, and for the time being to partially control the vexatious dribbling was the best I could do, until Lithiated Hydrangea (Lambert) was brought to my notice. At first I ordered a teaspoonful of this compound every 6 hours, then every 5 hours and finally every 4 hours, continuing this treatment for nearly six weeks. Good results commenced from the first; one by one the complications gave way until finally the whole train of evils were overcome. The patient to-day is comparatively free from the disease that has been the vexation of her life for a long time.

Whether or not this relief may prove a permanent cure in so old a patient, it indicates the extraordinary merit of the Lithiated Hydrangea in a case in which other current remedies had failed, and I should state that none other were used in conjunction or alternated with it.

Case 2.—Myself the subject. Rheumatism, nephritic origin. Lithiated Hydrangea gives me relief in from 24 to 26 hours, taken in drachm doses every 3 or 4 hours, not only being quicker and more effectual than other remedies, but far more palatable and agreeable to the stomach, never causing any disagreeable symptoms.—*St. Joseph Medical Herald*.

McFall, Mo.

S. E. HARDIN, M.D.

HEPATICÆ.—Messrs. J. U. & C. G. Lloyd, of Cincinnati, have been investigating the subject of Liver-leaf, and have found much that is new and interesting in connection with the commercial and botanical history of this drug. Of late years this drug has been extensively consumed in the preparation of certain proprietary medicines. From statistics collected by Messrs. Lloyd, it appears that last year over 340,000 pounds were consumed, of which amount over 300,000 pounds were imported from Europe. Four years ago the entire consumption did not reach 10,000 pounds. In this country we have two species that produce the drugs. In most medical works, and in old botanical works, the plants were classified as Hepaticæ; but late botanical authorities include them

in the genus *Anemone*, on account of the structure of the flower. The exceedingly dissimilar properties of these plants from *Anemone*, would seem to indicate the doubtful propriety of placing them with the genus, and the name *Hepatica*, which will always be the medical name for the drug, will probably also be the final botanical name. Our native species are named *Anemone*, *Acutiloba* and *Anemone Hepatica*, and very closely resemble each other except in the shape of the leaves: the former has sharp lobes to the leaves; the latter, blunt lobes.

Our Pharmacopœia has recognized but one species—the round-lobed form. It is proven, however, by Messrs. Lloyd, that nine-tenths of the native drug of commerce is collected from the sharp-lobed species, which has been officially recognized. The medical properties of *Hepatica* are unimportant. The plant does not contain an active principle, and it is devoid of characteristics as is the grass of the field. Of the vast amount of the drug consumed, it is creditable that the Medical profession uses but a small per cent. Almost the entire lot is employed in the preparation of certain secret remedies.

The foregoing has been compiled from the July number of "Drugs and Medicines of North America of Cincinnati," which, in addition to full botanical and medical descriptions of the drug, contains a full-size plate of the plant, and cuts illustrating the shapes of the different leaves of commerce, and a map showing the distribution of our two native species.

NON-PUERPERAL PELVIC LYMPHADENITIS AND LYMPHANGITIS.—Dr. Paul F. Munde (*Amer. Jour. Obstet.* Oct. '83) calls attention to the distribution of the fine net work of lymphatics surrounding the uterus, ovaries and tubes, and which intersects the pelvic cellular tissues in all its recesses, and also mentions the fact that very little is said in regard to their being connected with glands. He has met with, and reports several cases where these glands and lymphatic vessels were in a diseased condition in non-puerperal women, and in which they simulated very closely "chronic pelvic cellulitis." He concludes by calling attention to the following points in his paper:

1. That inflammation the pelvic lymphatic glands and vessels occurs in the non-puerperal state far more frequently than is generally supposed.
2. That such inflammation generally becomes chronic, and very closely simulates so-called "chronic pelvic peritonitis and cellulitis," both in its symptoms and physical properties.
3. That such lymphatics in a state of chronic inflammation possess certain characteristic features which permit their recognition by the examining finger.

4. That this inflammation may either depend on and be secondary to uterine disease, or be entirely confined to the lymphatics and be apparently idiopathic; and,

5. That the treatment resembles that of chronic pelvic inflammation, with one exception, viz., the primary necessity for the removal of the focus of irritation, if such exist before the lymphatic inflammation can be permanently relieved.—*Detroit Lancel.*

ANTERIOR OF THE POSTERIOR DISPLACEMENTS OF THE UTERUS—THEIR TREATMENT.—Dr. Macan (*Amer. Jour. Obstet.*) summarizes his studies thus :

1. The normal position of the uterus, when the bladder is empty, is one of ante flexion. Hence mechanical treatment of ante flexion is rarely called for, and if symptoms be present, our efforts should generally be directed to the cure of the complication.

2. In retro flexion, or versions, the primary indication is to treat the displacement. In order to do this effectually we should place the uterus in a position of exaggerated ante version, and then fix the cervix posteriorly by a pessary.

3. Hodge's pessary, or any other pessary used for the cure of retro flexion, when uncomplicated with adhesion, should act by fixing the cervix posteriorly, and not by pressing against the fundus and elevating it.

4. Versions are, so far, more serious than flexions, in that they are caused by rigidity of the uterine perenchyma, which is generally due to chronic metritis.

5. To make the results of the bimanual examination of any use for comparison with the results of other observers, it must be made in the dorsal position, the bladder having been previously emptied.

6. A great deal of the confusion that exists about the treatment of anterior and posterior displacements originates in its being taken for granted that any treatment that is found suited to an anterior displacement must be equally suited to a posterior one and *vice versa*.

THE DENVER MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

OCTOBER, 1884.

ACNE.

BY JOHN H. DUNCAN, M.D., KANSAS CITY, MO.,

Professor of Dermatology and Physiology in the Medical Department of the University
of Kansas City, etc.

The disease of the skin known by the above name, is extremely common. It is seen daily by the general practitioner, and often when he is consulted for the relief of it, the patient is turned away with some simple application or indifferently informed that it amounts to nothing, will pass away after a while, and, in short, is perfectly natural at a certain period of life. This lesion appears most often upon the face, and the embarrassment which it produces, especially in women, cannot be estimated by us. Moreover, the laity are apt to look upon the "bumpy face" of the young man with suspicion, when in reality he is perfectly innocent. It is not in the slightest sense *specific*. I do not say that persons with a specific trouble may not have Acne, any more than I would attempt to prove that a person with Syphilis cannot and does not have parasitic diseases of the skin. But the two diseases are etiologically and pathologically perfectly distinct.

It cannot be doubted but that without proper, active and energetic treatment as well as a moderate amount of patience on the part of both

the physician and patient, it is stubborn and rebellious. But when we have seen the permanent cicatrices left upon the face after an attack, disfiguring it to no small extent, and which are in a great measure irremediable, we wonder that it is passed by so lightly, especially when the deformity could have been so easily *prevented* by treatment. This latter point is especially fresh to me at this time, as I have recently had come under my care a young man who had the trouble for four years, and the scars left as relics of the Acne, are as marked as the pittings of Small Pox. Duhring says "without treatment it may continue for years, involving the skin in a destructive manner. In some instances it is attended with extensive suppuration and obliteration of the glands and ducts, leaving cicatrices which are permanent and disfiguring". Can it be said then because it does not prove fatal, that it is a trivial affection and time alone should be allowed to eradicate it?

Acne is an inflammatory affection and the structures in the skin primarily involved are the Sebaceous glands and follicles. This inflammatory action gives rise to papules, pustules and tubercles, producing the varieties known as Acne papulosa, pustulosa and indurata. The typical variety is the pustular, in fact the papules tend to the formation of pustules. The first step in the formation of the papule is the plugging up of the excretory ducts of the sebaceous glands, by a secretion known as comedones (black head). This obstruction produces an hyperaemia and this in turn results in inflammation. These steps in pathology are of great importance as regards treatment.

In Acne indurata, which by the way, is the most obstinate of all the varieties, the peripheral inflammation about the base of the papules is very marked, and the subcutaneous tissue becomes involved, giving rise to hardened nodules, capped by a pustule. In any event, however, it is an inflammation of the sebaceous glands.

As in diseases of other organs of the body, so in those of the skin, the point of perhaps most importance therapeutically, is to ascertain the cause of the lesion. This is certainly a great desideratum in Acne. In the great majority of instances the cause can be discovered, but we must confess in a few cases, we find no derangement of any organ of the body, and in short the person is in a state of health.

We find however, ordinarily, that the exciting cause of simple Acne is to be found (1) in a functional derangement of the alimentary canal, as constipation and dyspepsia, and (2) in Uterine complications affecting especially the menstrual flow. These are *frequent* causes and their correction is necessary in preventing a *relapse*. It is well to remember also, that it may be produced artificially, for example, by the ingestion of the

Iodides and Bromides, and by the local application of the preparations of Tar etc. Again without mentioning the individual affections, we can say that any constitutional disease, which tends to retrograde metamorphosis may be a factor giving rise to Acne. With these various causes, it is patent, that the physician consulted by an Acne patient, must, if he wishes to give satisfaction to his charge, as well as to himself, study closely the individual case, and having done so, not only attack vigorously the lesions by surgical means, but also by medicinal measures.

After these considerations we naturally come to the management of Acne and in speaking of this, I will divide the treatment into local and constitutional and further divide the local into (1) treatment of Acne papulosa et pustulosa, and (2) the treatment of Acne indurata.

In regard to constitutional measures, remedies directed to the cause, whatever that may be, are to be given. If constipation exists, the tonic laxative "Mistura Ferri Acida", will answer the indications better than anything at our command. That constipation does exist to a great degree in all classes of patients, and notably in women, is known. That one or even two evacuations from the bowels daily is not positive evidence that constipation does not exist, we also know. We are rather to judge by the character of the discharges, than by the number as to whether constipation exists or not. Therefore as this condition of the bowels is so common, and as it is such a potent factor in *keeping up* the disease in question, I consider the administration of the above laxative as particularly beneficial. Sulphur in the form of Calcium Sulphide in $\frac{1}{6}$ grain doses three times a day, gradually increased, acts nicely in some cases, especially the papular variety. Arsenic and cocrosive Chloride of Mercury also are useful. In the weak and debilitated, Cod Liver Oil, and the syrup of the Hypophosphites are indicated. The hygienic management of the patient cannot be too strongly insisted upon. All stimulating articles of diet and especially stimulating drinks, should be severely interdicted. Success cannot be attained unless instructions as regards eating and habits in general be strictly followed. I have thus referred to a few remedies for internal use in the treatment of Acne, and must be excused from taking up the management of the other causes, as indigestion, uterine derangements etc. A consideration of them would extend this paper beyond its proper limits and I am satisfied be unnecessary. I simply wish to lay special stress upon the practitioner discovering the cause and removing it if possible.

While I believe in internal treatment as an adjuvant in accomplishing a cure, I regard local measures as more rapid and positively indispen-

sable. This must be attended to by the physician and I consider this procedure of so much importance, that I possibly may go into the *minutiae* to an extent that the readers of this article may think unnecessary. In the first place, as the typical lesion of Acne is preceded or caused by comedones, they should be removed; and this is easiest accomplished by the "Comedone Extractor," a "watch key" or "Gross Ear Spoon" the latter of which I prefer. This may seem a tedious operation, but after a few sittings they will have been extracted, and thus the mechanical origin of the lesions removed. Any existing papules or pustules should be opened by an ordinary scalpel, the contents squeezed out and the blood allowed to flow freely. There need be no fear of leaving scars by cutting; on the contrary pits are produced by not opening the lesions, but allowing the contents by pressure to produce atrophy and consequent cicatrices. In simple Acne both before the lesions have been opened and afterwards, the application of water for fifteen or twenty minutes, as hot as it can be comfortably borne is very curative. This application should be made at least twice a day, preferably in the morning and then in the evening just before retiring. It is soothing and softens the parts, so that the glands can empty themselves, and thus prevent the first step of the disease. After the evening bathing, an ointment of Sulphur one drachm to one ounce of Cosmoline) should be *thoroughly* rubbed in and allowed to remain through the night. Taylor's Kummerfeld, or Bulkley's lotion, each of which contains some preparation of sulphur are useful. Applications of Corrosive Chloride of Mercury, Carbolyzed ointment and Protiodide of Mercury, are also of benefit. But of all substances, Sulphur in some form is best. I have thus attempted to give the most satisfactory treatment of Acne papulosa and pustulosa, at least in my hands, and will conclude this article with the therapy of of Acne indurata; the management of which is somewhat more difficult than that of the other varieties.

In this form *internal* treatment alone, would probably avail nothing. Local measures are here called for *preeminently*. The indurations must be thoroughly stabbed and torn to pieces and stimulating applications used freely. Free bleeding must be encouraged. Green Soap (Sapo Virides) rubbed firmly into the lacerated lesions is advantageous. Scraping the tops off of the papules with the dermal curette and thus setting up a general ozing of blood, may be resorted to. After these surgical measures have been used, the applications of the hot water etc. referred to above is indicated. The face after the operation, presents a very ugly appearance for a few hours, but as reaction comes on, it looks

much improved. This fact would suggest that the best time for the operation is in the evening, so that the patient can remain in-doors and by morning the parts will appear clearer than previous to the operation. Should the disease not yield readily to this treatment, each lesion after its *top* has been removed, should be touched with the Acid Nitrate of Mercury, strong Carbolic acid, or a Corrosive Sublimate Solution. A remedy which we resort to at times, but which is not always at hand to the general practitioner, is *Electrolysis* or decomposing the nodules by electricity. This is a very simple, comparatively painless, rapid and safe method of treatment.

While we encounter cases which are very stubborn, yet I am happy to say that the affection is curable, Hyde says "Acne is, I believe, an entirely remediable disease, in every case properly managed from the first. Scars of ancient ravages of the affection are, it is true, indellible: but even these are smoothed down in process of time, so that they become yearly less conspicuous and disfiguring.

1044 MAIN ST. KANSAS CITY MO.

COCCYGODYNIA.

A Clinical Lecture,

By WILLIAM GOODELL, M.D.

Professor of Gynæcology, University of Pennsylvania.

(Class of 1854.)

Reported by WILLIAM H. MORRISON, M.D.

GENTLEMEN:—The bad weather of this morning has kept our patients from arriving promptly, and I shall therefore occupy the early part of this hour with a few remarks on coccygodynia. This affection has another name—cyccygodynia—and means pain in the coccyx. You will see a good many cases of this affection, and it is well to be posted in regard to it.

What are the symptoms of cyccygodynia? They are pain in defecation, and pain in sitting down or rising up. In sitting down, women suffering from this disease will take hold of the back of the chair and sit down on one buttock, so as to avoid placing any weight on the coccyx. In rising up they do not rise directly, for in so doing a strain is thrown

on the coccyx; but they catch the back of the chair with their hands and lift themselves. I know of but one other disease that will produce this symptom, and that is rare. It is the formation of a little abscess in the coccygeal region, in which, after opening, will be found a small coil of hair. This, sometimes, gives a great deal of annoyance. There is another disease in which this symptom is simulated to a certain extent—that is, fissure of the anus.

Another of the symptoms I have mentioned *i. e.*, pain in defecation—may also be caused by fissure of the anus, or by an inflamed pile; but the patient will be likely to recognize a pile. In the majority of these cases it will be found that the nervous system is below par, or that there is nervous prostration. In other cases the patients are healthy. To-day I wish especially to point out the differences between the real Simon-pure disease and the mimicry of the disease; and the latter is far more common than the former.

The cause of the real disease is some injury to the coccyx. This is a movable bone, and increases the antero-posterior diameter of the inferior strait from four inches to four and a half inches. This bone may be ankylosed, or its ligaments shortened; and this, by the way, is one objection to a woman in advanced life giving birth to a child. Under these circumstances the coccyx may not be able to bear the strain upon it, and there may be overstretching of the ligaments, or, in case of ankylosis, a positive fracture of the bone. I have heard the coccyx snap more than once. Two of these instances were forceps cases. Another cause of injury to the coccyx is the bucking of a horse, in which the horse brings its four feet together and gives a jump, throwing its rider into the air, and in coming down the coccyx is often injured. I have seen several instances of this. I have seen a very bad example of this trouble in a lady otherwise in excellent health, produced by her chair being withdrawn as she was about sitting down, causing her to fall to the floor, striking the coccyx. The bone was fractured, and, as she would not consent to the radical operation, I was unable to give her any relief. Pure coccygodynia may be the result of dislocation, fracture, or of neuralgia.

The treatment of injuries to the coccyx occurring during labor should consist in keeping the patient at rest, the use of sufficient opium to relieve the pain—and usually this is not great, there being only a sense of soreness—and keeping the bowels bound for a week. In the two

cases to which I have referred, union took place. In one of these I think that there was a fracture of the bone; in the other, the ligaments probably gave way. I have seen other cases in which the bone was not injured, but in which the ligaments were broken, causing the bone to be very movable, and occasioning the woman a great deal of discomfort.

When you get hold of a case of real Simon-pure coccygodynia, the treatment should, in the first place, be directed to lulling the pain in the nerves, for sometimes the nerves have been injured. An excellent remedy is five grains of iodoform by suppository at night. It is important to avoid the use of morphia as much as possible, for such patients are very liable to become morphia eaters. When it can be done it is better to give the remedy by the bowel. In fracture it is better to give it by the mouth. Just here let me call attention to a mistake which is very commonly made. There is a widespread idea that the Latin noun *os*, a "mouth," is of the masculine gender, and you will frequently see written "*per orem*" for by the mouth." *Os* is, in reality a neuter noun of the third declension, and its accusative case is like the nominative, so that "by the mouth" should be written "*per os*," not "*per orem*." In fracture, then, you give the medicine *per os*, and keep the patient as quiet as possible, and sometimes you will be rewarded with a cure. The pain may sometimes be lulled by the use of injections of minute doses of carbolic acid around the coccyx.

If the worst comes, and it is impossible to relieve the pain by the measures mentioned, it will be necessary to extirpate the coccyx. I have done the operation but twice. I have, however, seen a number of cases in which it ought to have been done, but the patients would not consent. In your text-books you will find the following procedure recommended: introduce a tenotomy-knife under the skin, and pass it around the coccyx, severing all its attachments, thus giving rest to the bone and allowing an opportunity for repair. This operation is not an easy one to perform, and as the results are disappointing, I should therefore advise you not to perform it.

The proper plan of treatment is extirpation of the coccyx. In performing this operation, an incision is made over the bone, passing down to its surface. All the muscular attachments are then severed, and, with the knife, the offending portion is disarticulated. If there has been a fracture of the bone, the portion left behind should be examined, and any roughness or irregularity removed. The woman on whom I operated two months ago suffered terribly from the pain. She also had an abscess, which I am disposed to think, came from the irritation of the

broken bone. I found an ununited fracture, and extirpated the broken portion of the bone. She was at once relieved of all her trouble. The other case was caused by a difficult labor, and had become bedridden from her sufferings. She was also cured. I think that after this operation it would be wise to insert a drainage-tube, so that if there is any discharge from the bone it will find a convenient way of escape.

There is the mimicry of the real disease; and this is much more common than real coccygodynia. This occurs in nervous, hysterical women. It appears in girls who are overworked at school, and in unmarried or married women who have much care or trouble. It may arise from a positive injury. In hysterical cases, to use a homely expression, the nerves are "spiling" for an excuse to make trouble. A girl who goes skating, falls on her knee, and may be laid up for years with an hysterical knee. In the same way there may be an hysterical coccyx, from a fall. The pains of the mimicry of the disease are very analogous to those of the real disease. They are not quite so severe; still, they are sufficiently marked to cause a great deal of suffering. It is not always easy to make the diagnosis between the real and the simulated. One who is accustomed to see these cases can almost make the diagnosis from the expression of the face. The woman who has the Simon-pure disease will have the evidences of suffering in her face, whereas the woman with the mimicry of the disease may tell you of the agonies she suffers with a smile on her countenance, or with what I call the hysterical mask. This is one of my ways of diagnosticating these cases; but I was once very badly caught. I had under my care a very bright lady, an excellent metaphysician, and much interested in such studies. I mention this point, as it has a bearing on the origin of the trouble. While riding a horse, it bucked, and ever afterwards she had pain in the coccyx. I was completely deluded. I concluded that here we had a sufficient cause, and that this was a case of the real disease. I examined her, and found a retroverted womb and prolapse of both ovaries. With a pessary, I was able to restore the womb and the ovaries to their proper position, and this effected considerable improvement in the pain in the coccyx. The day and hour for the operation were appointed, and all the preparations were made, when suddenly, as if by magic, the pain disappeared. She had been in a receptive condition, the nerves were "spiling" for an excuse to make mischief, and the injury offered them the excuse. I speak in this way, because I cannot define these nervous fluids. We do not understand their action, and perhaps never shall.

When these cases come to you, do not be too anxious to cut away the coccyx. There is no objection to threatening it occasionally. Try all the general measures, and use local placebos, for their impression on the mind, and also for their positive local effect. Take it all in all, I like iodoform better than anything else. It should be administered by suppository, in doses of from three to five grains. Another excellent remedy is belladonna by suppository. Opium should be avoided. The general health should be improved. Put the patient to bed, have her rubbed, keep her friends from coming to see her, feed her as much as possible, giving large quantities of milk, using malt and iron, and little by little, you will get the upper hand of the trouble. It is always well to begin the treatment with decided doses of bromide of potassium, which may at once cure the coccygodynia. If the pain is decidedly relieved by large doses of bromide, I feel very confident that it is of nervous origin, rather than traumatic.

There is one point to which I neglected to refer, and that is, the way to detect an injury of the coccyx. The index finger should be passed into the rectum, and the thumb over the coccyx, You must be careful not to be misled by the statement of the patient, for the mere insertion of the finger is a shock, and the woman at once complains before you have pressed the parts. Before manipulating the parts, ask if it gives pain; then pretend to move the bone, and see if any complaint is made, after which, get directly over the bone. In real coccygodynia, the slightest touch will give very great pain. This is almost as sensitive as a caruncle of the meatus urinarius.

One word in regard to preparations of iron. There are certain preparations which I think better for nerve cases than others. Almost all nervous stomachs will bear the reduced iron, or iron by hydrogen. I often combine it with arsenic. In regard to strychnia, my experience is that in many of these nervous cases it cannot be given with profit in the early part of the treatment. The nerves are then too ready to resent anything which makes an impression on them. One-sixteenth of a grain will, under such circumstances, sometimes set the jaws. The muriated tincture of iron is an excellent preparation when it can be disguised. If the patient has a good set of teeth, I should not give it. It is liable not only to discolor, but also to do positive injury to, the teeth. It is, therefore, better as a rule, to avoid the use of the tincture of the chlorid of iron. Blaud's pill, which consists of the dried sulphate of iron with bicarbonate of potassium, is often an excellent preparation. With reference to dialysed iron, I have met with some

cases in which it did good, but in the majority it was of no benefit. I am disposed to attribute this to changes which occur in the preparation, and I have almost entirely given up its use.

In treating these cases of the simulated disease, the patients, as I have already said, must be well nourished. They should receive malt and large quantities of milk. They will grow fat, and, as they do so, the nerves will become more tractable. This is like other nerve pains which women often complain of, and which may appear in the head, in the back, or even in the toes. I have seen a severe case in which it was located in the instep. All pains of this character are to be treated in much the same way.—*Phila. Medical Times, July 12th, 1884.*

STRANGULATED INGUINAL HERNIA.

CLINICAL REMARKS BY HENRY B. SANDS, M.D.

GENTLEMEN: An interesting case of strangulated hernia was admitted into the hospital last Friday afternoon. The patient was a driver of a beer wagon, who had had a hernia for several years. He had worn a truss, which, he said, broke on the morning of the day of his admission; and while he was engaged in doing some heavy work, the hernia came down and could not be replaced.

When he was brought here in the evening, we found upon the right side an oblique inguinal hernia, tense and painful, and reaching down to the scrotum. The usual symptoms of strangulation were present, vomiting being persistent. Ether was administered at nine o'clock in the evening, and taxis, which had already been tried before admission, was repeated without success. Percussion over the tumor gave very little resonance, yet the symptoms were so acute that I thought there must be intestine in the hernial sac. I made an incision over the latter in the usual way, and, on reaching the deeper structures, found that no operation short of opening the sac would avail. The interest of the case turns upon a false inference which I made concerning the nature of the contents of the sac, which, as you are aware, usually contains more or less bloody serum in case the hernia is strangulated. This, in the present instance, seemed to be absent, as no fluctuation could be detected when the sac was exposed. Moreover, the sac was slightly resonant on percussion, indicating the proximity of intestine, while its tension was so great that I was unable to pinch it between my thumb and finger and separate it from its contents. Lest I might wound a possibly adherent coil of intestine, I determined to use a hypodermic syringe and as-

certain whether there was fluid in the sac. The result of the procedure was what deceived me. I passed the needle to a depth of half an inch, and, on drawing back the piston, the syringe filled with a fluid which proved to be almost pure blood, having no fæcal odor.

Now, we frequently notice, in cases of strangulated hernia, that, after the taxis has been employed, the hernial sac contains blood, and inferring that such was the case here, and that the blood withdrawn by the syringe came from the hernial sac, I failed to observe due caution in performing the next step of the operation—namely, that of opening the sac—and accidentally wounded a piece of the small intestine which lay in contact with it. Fortunately, the incision was not extensive; it simply involved the peritonæum, and did not exceed a third of an inch in length. When the sac was laid open, it was found to contain no fluid, being completely filled by a loop of small intestine, which was intensely congested, and in some places ecchymotic. There can be no doubt that the bloody fluid which was withdrawn by the hypodermic syringe came from the interior of the intestine, into which it had been effused in consequence of the strangulation and of the force which had been used in endeavoring to effect reduction. As I have remarked, the wound of the intestine, made by the knife, was very slight and superficial; but it might well have been serious; and we may learn from the occurrence how careful we always ought to be in opening a hernial sac. The operation presented no other feature of special interest. After the stricture, which was situated in the neck of the sac, had been divided by a hernia knife, the protruded intestine became less livid, and a few minutes later, the oozing from the injured part, which had been quite free, ceased spontaneously. Reduction was then effected, and the external wound closed with a continuous suture of catgut. The operation was followed by immediate relief, no unpleasant symptoms occurred, the wound healed by the first intention, and the patient is already convalescent.—*N. Y. Medical Journal.*

THE RELATION OF OVER NUTRITION AFTER THE ACUTE FEVERS OF CHILDHOOD TO BONE DISEASE.

Dr. Jacobi said, at a meeting of the N. Y. Obstetrical Society, March 18, 1884 (*N. Y. Med. Jour.*), he would refer to a class of cases which were not very uncommon, and which were interesting because of their connection with a number of physiological and pathological questions. A very simple and illustrative case was the following:

Some time ago, a girl eleven or twelve years of age, was present at

his clinic for a swollen right humerus at its lower portion. The swelling was very slightly painful. There was a cicatrix about the middle of the arm, which had formed about six months before, after a sinus had lasted six years. A fistula opened an inch and a half above the elbow, on the anterior aspect, which led down to the middle portion of the epiphysis, apparently extending to the periosteum only. It was stated that the humerus began to swell when the child was four years old, and very soon after she had gone through a very severe attack of typhoid fever. The question arose. Had this swelling of the bone and periosteum anything to do with the typhoid fever. Dr. Jacobi thought it had, for reasons which he would state. While he might not be able to say anything than was not known to every person present, still the case was of interest in connection with a number of others which he had seen, and which were very interesting to him, particularly so because they opened up the question of the cause of quite a large number of cases of a similar description.

There was one peculiar fact in the developement and growth of children, which was known to physicians and also to the laity that children not only appeared very tall after having gone through a severe illness, and particularly after a severe infectious disease, but they were really taller than before the sickness, and they grew very rapidly for a short time during and after such infectious disease. The growth or tallness was not only apparent, from the patient having become thin, but by measurment it could be shown that they actually were taller. The body became taller by an elongation of the bones; the bones grew by a rapid proliferation about the cartilage which separated the epiphysis from the shaft. If the bone grew, it must be in consequence of a nutritive process, which might become an irritative process, in that neighborhood. And the question arose whether high fevers, and infectious fevers particularly, had not the effect of producing such irritative disorder as proved under certain circumstances a cause of increased nutrition. Observation showed that after all cases of infectious disease in particular the epiphyses and the adjoining cartilages were very hyperæmic. In such localities, if a post mortem examination were made, the blood would be found to ooze out, and where there was much blood there was at least an opportunity for over nutrition. In rhachitical bones we knew that the intense growth and thickness were due to over nutrition. Thus it was that after most infectious fevers not only epiphyses were apt to grow thicker, but also the diaphyses to grow longer, in consequence of the nutritive irritation of the cartilage (and periosteum).

In cases in which the nutritive disorder, the hyperæmia, was not limited to its physiological condition, where it was a little more than physiological it became pathological. In most cases the over-nutrition and growth ceased after a while and returned to the normal state, but in others they were carried to such an extent as to become pathological and cause necrosis. Such over-nutrition of the epiphyses was one of the forms of so called "growing pain". Growing pains occurred very frequently after a very severe attack of an infectious fever, and were due to hyperæmia, which might amount to inflammation. The other forms of "growing pain" were either rheumatic or neuralgic in character. —*Kansas City Medical Record.*

TREATMENT OF BURNS.

Robert T. Morris, in the *N. Y. Medical Record*, of May 11, 1884, outlines the following method of treating different grades of burns. In burns of the first degree, in which the skin is hyperæmic but is not destroyed at all, the stinging burning pain calls for relief, which he thinks is best given by applying upon strips of any soft fabric a mixture of equal parts of vaseline and carbonate of lead, covering the whole with a piece of gutta percha tissue or oil silk.

In burns of the second degree, where the cuticle is destroyed, he advises antiseptic applications varying with the extent of the surface involved. If this be small he would after anæsthetizing the patient, remove all the cuticle which is loose or which has been raised in vesicles and blebs. Then he would lay the affected part, as an arm, hand, or foot, leg, etc., on a towel which has been wrung out in a solution of bi-chlorid. of mercury (1 to 2,000) and carry underneath all a rubber blanket, so disposed as to convey into a pail or jar the fluid used for irrigating. Then carefully scrub with a soft brush all the burned surface and the adjoining surface, using either the bichloride-of-mercury solution, already mentioned, or a solution of salicylic acid and boracic acid in proportion of one grain of the former and six of the latter to each ounce of water. Then he covers the burned surface with narrow strips of oil-silk protective which has been kept in an antiseptic solution, and sprinkles iodoform along the margin of the strips of protective. Several layers then applied with a thick layer of antiseptic gauze and a carbolized roller bandage is snugly applied outside of all. The dressing is kept undisturbed until the eighth day, and when it is removed the part is found healed and no further treatment needed, The bowels must be

kept open and constitutional disturbance is quieted with bromide of potassium and choral hydrate.

Where a large surface is involved, it is often impossible to adopt a thorough antiseptic dressing, as above, and he then recommends the adoption of the subnitrate-of-bismuth treatment. Having anæsthetized the patient and removed the clothing and whatever adheres to the surface, he washes the whole injured area with an antiseptic solution. All loose cuticle is removed and the surface underneath is immediately sprinkled thickly with subnitrate of bismuth, and covered over with a single layer of soft cloth or lint. This cloth is removed once or twice daily and fresh bismuth applied wherever the coating has been loosened by the discharge. Morphine is administered hypodermically during the period of depression and congestion, to sustain the heart and relieve the shock to the nervous system, and during the inflammatory stage digitalis is administered to support the heart and assist the kidneys. He gives belladonna to quiet the stomach and acid drinks to allay thirst. Peptonized milk by enema is given for nourishment. During the period of reaction he continues the rectal alimentation, and then for the first time causes a free movement of the bowels by a saline cathartic. When reaction is well established, he stimulates with sherry wine and gradually coaxes the stomach to bear a light, varied diet.

Where the burn is of the third degree, in which the skin is destroyed through a part of its thickness, he recommends, in cases where the surface involved includes only a few inches, a rigid antiseptic dressing like that already described for burns of the second degree, except that the dressing must be left undisturbed for a longer time, say three weeks. If, at the end of that time, "the slough has not been absorbed, pull it away and irrigate the granulating surface with an antiseptic fluid." He advises the hastening of the reparative process by a plastic operation or skin-grafting. In more extensive burns he uses the antiseptic dressing at first, but after twelve days in these cases the discharge almost always becomes offensive, and he then removes this under antiseptic irrigation and sprinkles on subnitrate of bismuth. When sloughs are adherent he rubs in iodoform with the bismuth. As the sloughs separate they should be trimmed with scissors and bismuth sprinkled on wherever any raw surface is exposed.

Burns of the fourth degree, where the whole thickness of the skin is destroyed, are best treated in Dr. Morris's opinion by the dry treatment from the first, viz., covering with soft cloth or lint, and keeping the sloughs trimmed off as fast as separated.—*Kansas City Medical Record.*

SOCIETY PROCEEDINGS.

Stated meeting of the Arapahoe County Medical Society held Thursday evening, Sept. 4, 1884, the president, Dr. Mavity, being in the chair.

Dr. Hawkins reported a case of a young girl, aged 19, suffering from uterine pain. Menses regular, some leucorrhœa, and very nervous. On examination he found the uterus, vagina and vulva relaxed and flabby. The uterus was very flabby and easily bent in any direction; the cervix elongated and soft and felt as if something had pressed against it forming a sort of overgrown portion somewhat resembling the glans corona: this appeared red, and both looked and felt like the flesh which projects over an ingrown toenail. The whole genitalia poured out a copious secretion, so free as to run down over the hand during examination. He applied tannin and other astringents, also used a pessary, but without benefit. Her symptoms being similar to those recorded in some recent articles upon masturbation in women, he questioned her in regard to this matter. She denied it at first, but later admitted having done so, also that sitting or standing with the legs crossed gave a pleasurable sensation, had also used her hands: she promised to reform. She continued to come to the office for treatment, evidently she enjoyed being examined.

Dr. Cole once had a similar case with the same train of symptoms. She had been married five or six years, Dr. Hawkins assisted in her examination several times. She had a lacerated cervix, and he wished to prepare her for operation, but the uterus still remained flabby. Was unable to get her to acknowledge masturbation, but she admitted that she scratched herself. Sits with legs crossed. Has only had intercourse five or six times during her married life. He at last refused further examinations.

Dr. Davis had seen a case in which the uterus could be placed in any position. Had syphilis, and had had peritonitis.

Dr. Wood mentioned the fact that enlarged labiae minore were considered by some writers to be diagnostic of masturbation.

Dr. Mavity has not seen this flabby condition of the uterus described, and if it prove true of all cases it is a symptom of value, and examination of all cases met may show it to be usually present. Spoke of the practice of the Oneida Community of imperfect intercourse, and that it might lead to a similar result.

Dr. Hawkins said the practice at Oneida gave less frequent irritation, for the girl did this several times a night. The Doctor asked the experience of those present in certain mild cases of cystitis in elderly females, of fifty-five to sixty years, in which there was frequent passing of urine causing an unpleasant burning sensation afterwards with no evident inflammation of the bladder.

Dr. Cole has seen such case in which he considered the urine too strong and had used *urva ursi* and acet. potass. with relief for the time, but the symptoms were liable to return.

Dr. Peaslee has in some cases found vascular growths and anti-flexion. In nervous cases with free flow of urine, has used ergot and *urva ursi*.

Relief is not permanent.

Dr. Mavity thinks the sp. gr. being too high may be the cause. In one case found abundant crystals of phosphate upon examination with the microscope. Mur. ammon. and bromid. potass. gave relief; also washed out the bladder with warm water. Has given small doses of belladonna, with diuretics. Would always examine the urine.

Dr. Hawkins had had but little trouble with men, but in women all these means had failed to give relief. These cases have no cystocele nor displacement. Washing out the bladder gives but little relief and they are not sufficiently aggravated to feel warranted in dilating the urethra, especially in old ladies. One such patient is better upon a vegetable diet than on meat, or at least she thinks so.

Meeting adjourned.

Attest :

L. H. WOOD, M.D.,

Rec. Sec'y.

RAPID ABSORPTION OF PLEURITIC EFFUSION BY USE OF SALT AND CUTTING-OFF LIQUIDS.

By TOM ROBINSON, M.D.

John C. came under my observation on August 1st, 1882. He was then suffering from a well-marked left pleurisy, *i. e.*, pain, catching breathing, and a cry at the end of inspiration. He sat up in bed and held his hand against his side, complaining bitterly of the pain. A bandage was put firmly round the thorax, with much and rapid relief, and he was ordered absolute rest, a liquid diet, and some opium. On August 2nd he was evidently much relieved, and his respiration was more uniform, deeper, and attended with less pain.

On August 3d I was hastily sent for, and on my arrival, I found my patient in great and urgent distress. His lips were livid, his nostrils were smoky, his eyes were prominent, and his nails blue. He had cold clamminess of hands and brow, and he was breathing fifty-one times in a minute. The pulse was barely appreciable at his wrist. The heart was pushed over to the right. I told him of his great danger, and urged him to permit me to draw off the fluid. This he flatly refused to allow me to do, saying that a friend of his was tapped and died one hour afterward. This was at eleven a. m. I put him under the following conditions: He was to take every hour one teaspoonful of common salt, dissolved in a wine-glassful of tepid water. I produced sweating by a hot wet flannel and a piece of water-proof sheeting, and I gave him two ounces of common black draught at once, and stopped all fluids. At 1 p. m. he said: "I can get my wind now," and he had most markedly improved in every way. He looked less livid. His respiration had dropped down to 48. At 8 p. m. he looked cheerful. The lividity had almost disappeared. He could lie on either side, and get well down in the bed.

On August 4th, on entering the room I could not have detected any embarrassment of breathing, and all his subjective symptoms had disappeared. There was comparative dullness in the left base, but the air could be heard entering the lung. I now gave him one drachm of common salt twice a day, and two ounces of the brandy-mixture of the *Pharmacopæia* every four hours, together with some oysters and anchovy and Digby chick, or a piece of salted bacon. He did not complain very much of the thirst, said his "mouth was dry," and his tongue looked red and glazed. From this time there is practically nothing to say; my patient never had a return of his symptoms, and he was up and out doors in a week.

It is barely necessary to comment upon the *rationale* of the treatment adopted in this case, and my only object in bringing it forward is to see whether like results will follow in the experience of other similar cases, or in any effusion which takes place into a serous cavity. The salt, I believe increased the density of the blood; the blood became thirsty, if I may so express it, and drank up the pleuritic effusion in a manner to me singularly rapid and striking. Doubtless the sweating and purging aided me very much, but purging and sweating will not remove serious effusion with precision.—*British Medical Journal*, Dec. 22, 1883, p. 1234.—*Braithwaite's Retrospect*.

PRIVATE HOSPITALS FOR WOMEN.—THEIR CONSTRUCTION, MANAGEMENT AND ADVANTAGES, AND THE EXTENT TO WHICH THEY ARE ADVERTISED, ETC.

By THOMAS H. HAWKINS, DENVER.

The following letter from my old student, Mr. L. C. Winsor, describing the Thomas's Private Hospital is of sufficient interest I think to warrant publication in connection with private hospital work :

NEW YORK, Sept. 11th, 1884.

THOMAS H. HAWKINS, M.D :

Dear Doctor;—This afternoon I made a trip to the Thomas' Hospital and was very much surprised to see how perfect every thing was. The building is of brick, four stories high. As you go in to the left is a very handsomely furnished sitting room connected by folding doors with the dining room, all looking very home-like, as well as handsome. These rooms on the same side are the house physician's apartments, which consists of office, reception room and bedroom. An elevator at the end of the hall took us up to the top floor. The operating room is a small room furnished with water, gas, etc., a large instrument and dressing case and table, and next that is a small reception room. The water closet on this floor is out of the building entirely, in a kind of bay window. There are about six rooms on the top floor for patients. All the rooms in the house for patients are the same size and furnished alike, with the exception that the walls are tinted differently and the bedroom sets are a little different. Each room contains an iron bedstead with brass trimmings, a wash stand, a large upholstered rocking chair, a small table, a foot rest and two ordinary chairs. The closets are all on the outside of the hall. On each floor is a nurses' room in which is a dial indicator connected to all the rooms on that floor. At night these are all turned on to a general dial on the first floor in the waiting room where the night nurses stay. There are four day nurses, one for each floor, and two night nurses. On each floor is a place where the patients take their douches, a table and tank being arranged for the purpose. On the roof is a place where the sun baths are given and a special nurse is employed to rub the patients and give them *artificial exercise* by working the joints. No matches whatever are used in the building, all the gas jets, etc., being lit by electricity. Complete arrangements to prevent fire, and fire escapes are provided throughout

the building. On the basement floor are the turkish baths, a special nurse being employed to superintend them. Thomas charges \$65.00 per week for a room which includes treatment with the exception of operations. There is a separate house for ovariectomies, furnished plainly and with no carpets in the rooms. He employs five nurses in that house, charges \$500 for an ovariectomy and has about twenty every winter at the hospital with a mortality of ten per cent. The hospital will accommodate about forty. The hospital is closed and repainted every summer.

L. CLARK WINSOR.

HINTS TO YOUNG PHYSICIANS.

There is no high road to knowledge, or to success in your profession but by labor, *hard labor*. Physicians are increasing rapidly in numbers, and there will be a lively competition as in other branches of business. He only can stand in the front who, by his knowledge and ability, shows in the rapidity and safety of his cures his practical success.

THE MEDICAL OFFICE.

Make your medical office a place of comfort and cheerfulness. It should, of course, be kept clean. Have very little, or nothing in it that would indicate your professional occupation, so that your patients may not only enter it without disgust, but with actual elevation of heart.

MEDICAL STUDY.

Devote your spare time to reading. Keep up with the "times." *Read the "Times."* *Take the "Times."* Absorb the latest and best ideas. Keep the eyes and ears open and the mind free from prejudice and egotism. In all that you do keep constantly before your mind the attainment of excellence in your profession.

TREATMENT OF THE SICK.

Be a pleasant, thoughtful and kind gentleman, as well as a good physician. Speak kindly and encouragingly to the sick. Never stare at them, nor look surprised. Respect the feelings of your patients; try to secure their confidence and attachment; spare no pains to do your best for them; let no one be able to do better than you.

Do not delude a dying person with false hopes, nor conceal from them their true condition. Endeavor to be habitually frank and honest with the sick, and you will find it possible, in most cases, even where your patients are in great danger, to encourage them to renewed struggles for health and life, while at the same time you do not conceal from them the extent of their peril.

UNLAWFUL PRACTICE.

The practice of medicine is an honorable calling when pursued in a honorable manner. Every physician who has had the honors of the profession conferred upon him, should have respect for that profession as well as individual respect. He should not become so lost to self and professional respect as to engage in any form of unlawful practice, especially the miserable practice of abortion, or in other words, of being guilty, for the sake of gain, of committing murder!

Prof. Wm. Goddell says on this subject: "Yours is a holy calling. Swerve not from strict integrity and uprightness. He who barter honor and honesty for gold, gains nothing but the contempt of those who use him as their tool, and will one day have to answer for it. Keep your hands and hearts clean before God and man."

THE PHYSICIAN'S EXAMPLE.

The physician, above all men, should avoid all vices, live rightly, and set a good example for the community. He is, whether he will it or not, a constant teacher. The people naturally look up to him, not only in matters of health, but in morals; and his influence is marked for good or evil. He should have a clear conscience that he has not led others astray by his intemperance or vicious habits.

W. J. HAINE, M.D.

—*Medical World.*

West Farmington, Ohio.

THE GARFIELD AND NATIONAL HOSPITAL.

A strong effort has been made by some of our friends in Washington, to unite the Garfield Memorial Hospital and the National Homœopathic Hospital in one organization. Garfield and his family were believers in the doctrines of the new school of medicine, which differs from the old school in being in practice non-partisan and non-sectarian. It seems eminently proper that a hospital erected as a memorial to one who occupied so distinguished a place in the history of his country, a national hospital located at the nation's capital, should, in spirit, be as broad and God-like as that of the man in whose memory it was erected and whose name it bears. It should be non-sectarian, the home of enlightened thought and advanced scientific investigation. We deplore the introduction in its connection of the terms homœopath and allopath. They are sectarian names and keep up a partisan spirit, and yet neither represent the spirit or practice of the new or the old school. Why not, then, discontinue them as the distinctive names of schools, leaving to both the utmost freedom of thought and scientific and practical investi-

the building. On the basement floor are the turkish baths, a special nurse being employed to superintend them. Thomas charges \$65.00 per week for a room which includes treatment with the exception of operations. There is a separate house for ovariectomies, furnished plainly and with no carpets in the rooms. He employs five nurses in that house, charges \$500 for an ovariectomy and has about twenty every winter at the hospital with a mortality of ten per cent. The hospital will accommodate about forty. The hospital is closed and repainted every summer.

L. CLARK WINSOR.

HINTS TO YOUNG PHYSICIANS.

There is no high road to knowledge, or to success in your profession but by labor, *hard labor*. Physicians are increasing rapidly in numbers, and there will be a lively competition as in other branches of business. He only can stand in the front who, by his knowledge and ability, shows in the rapidity and safety of his cures his practical success.

THE MEDICAL OFFICE.

Make your medical office a place of comfort and cheerfulness. It should, of course, be kept clean. Have very little, or nothing in it that would indicate your professional occupation, so that your patients may not only enter it without disgust, but with actual elevation of heart.

MEDICAL STUDY.

Devote your spare time to reading. Keep up with the "times." *Read the "Times."* *Take the "Times."* Absorb the latest and best ideas. Keep the eyes and ears open and the mind free from prejudice and egotism. In all that you do keep constantly before your mind the attainment of excellence in your profession.

TREATMENT OF THE SICK.

Be a pleasant, thoughtful and kind gentleman, as well as a good physician. Speak kindly and encouragingly to the sick. Never stare at them, nor look surprised. Respect the feelings of your patients; try to secure their confidence and attachment; spare no pains to do your best for them; let no one be able to do better than you.

Do not delude a dying person with false hopes, nor conceal from them their true condition. Endeavor to be habitually frank and honest with the sick, and you will find it possible, in most cases, even where your patients are in great danger, to encourage them to renewed struggles for health and life, while at the same time you do not conceal from them the extent of their peril.

assistant, after the cord had been cut; and then the operator, dropping his knife, seized the contracting uterus with both hands, and gave it a squeeze or two. He next put his right hand into the uterine cavity through the incision, with two or three fingers dilated the cervix uteri from within outwards. He then cleared the uterus of clots and the placenta, which had by this time become detached, removing it through the abdominal wound. His assistant endeavored, but not very successfully, to prevent the escape of the intestines through the wound. The red-hot iron was then used to check some further hemorrhage from the abdominal wound; but it was very sparingly applied. All this time the chief "surgeon" was keeping up firm pressure on the uterus, which he continued to do till it was firmly contracted. No sutures were put in the uterine wall. The assistant, who had held the abdominal walls, now slipped his hands to each extremity of the wound; and a porous grass mat was placed over the wound and secured there. The bands which fastened the woman down were cut, and she was gently turned to the edge of the bed, and then over into the arms of the assistants, so that the fluid in the abdominal cavity could drain away on the floor. She was then raised in her former position: and, the mat having been removed, the edges of the wound—i. e., the peritoneum—were brought into close apposition; seven thin iron spikes, well polished, like acupuncture needles, being used for the purpose, and fastened by strings made from bark-cloth. A paste prepared by chewing two different roots and spitting the pulp into a bowl, was then thickly plastered over the wound; a banana-leaf warmed over the fire was placed on top of that; and finally a firm bandage of mbugu cloth completed the operation. Until the pins were placed in position, the patient had uttered no cry; and an hour after the operation she appeared to be quite comfortable. Her temperature, as far as Mr. Felkin knows, never rose above 99.6° Fahr., except on the second night after the operation, when it was 101°, the pulse being 108. The child was placed to the breast two hours after the operation; but for ten days the woman had a very scanty supply of milk and the child was most suckled by a friend. The wound was dressed on the third morning, and one pin removed; three more were removed on the fifth day, and the rest on the sixth. At each dressing, fresh pulp was applied, and a little pus which had formed was removed by a sponge formed of pulp. A firm bandage was applied after each dressing. Eleven days after the operation the wound was entirely healed and the woman seemed quite comfortable. The uterine discharge was healthy. The child had a slight wound on the right shoulder; this was

dressed with pulp, and healed in four days. The scene of this operation was Kahura, in the Uganda country.

TREATMENT OF HAY FEVER.

L. F. ROUSH, M.D., NEW HAVEN, WEST VIRGINIA.

This is a subject so little understood by the profession generally, that I am constrained to write you a few notes for publication.

The article by Lennox Brown, F. R. C. S., published in the *British Medical Journal* on the treatment of this disease is a step in the right direction.

It is a disease set up by the irritation of and emanation from some form of vegetation and this long continued irritation finally produces a grade of inflammation in the air passages.

The idea of treating it like a catarrh has taken such a hold on the profession that it seems impossible to get rid of it. All the old remedies for the catarrh, acute or chronic, that stimulates the mucus membrane by their local application positively aggravate the disease and no agent benefits unless it allays irritation by its local application or its systemic effect. I make these statements, dogmatically, because I am assured of their correctness.

What are the remedies which have been found most useful in the alleviation of this distressing malady? Purely those which relieve irritation locally applied or from their constitutional effect. Opium or its salts of bella donna or its active principle atropia, have the best effect administered internally. A moderate dose of morphia, opium or laudanum will sometimes relieve for twenty-four hours. The use of these agents however are generally known to the profession and to some extent utilized, but I wish to speak of one article in particular that I have not mentioned as a remedy, and one from which patients suffering according to my experience will get more relief than any other. This agent is alcohol, either pure or 96° in some of its forms, as whiskey or bay rum. The local use by inhalation from a small sponge either kept dampened occasionally as the irritation requires, or applied to the nose occasionally.

When the disease commences the irritation is not great, then bay rum inhaled from a sponge will be of the greatest benefit, finally as the disease advances the irritation becomes greater and it cannot overcome the effect of the irritant and sooth the inflamed mucus membrane of the nose, we must use the pure alcohol as it is given off in vapor to the air as it is drawn through the sponge. In using either of these agents the

inhalation must be made slowly so as not to get too great a quantity at once upon the mucus lining of the nose, because by inhaling forcibly it would prove irritating. The idea is to diminish molecular action, and this the alcohol will do if used by careful inhalation. These remarks apply to the treatment of the disease as it effects the nasal membrane, and I will add that if this irritation be kept under control and the patient take a cool sponge-bath during the heat of the day, he will not be so likely to suffer from the asthmatic part of the disease. But he must be careful about his diet and in fact all the exciting or aggravating causes of asthma. The remedies applicable to asthma from any other cause are likewise applicable in this case. A great deal of the phenomena are due to reflex irritation and this is likely the cause of the asthmatic symptoms. The irritation in the eyes and hard and soft palate we are inclined to believe due to this cause.

The patient is also to avoid bright sun light, or having eyes turned in the direction of lamp-light, or even looking at the pale soft rays of the moon will excite paroxysms of sneezing. This effect is unquestionably due to reflex action and is to my mind one of the most beautiful examples of this law. I suppose all are conversant with the fact that when anyone has a disposition to sneeze that looking towards the sun will produce the sneeze when otherwise it would not come on. And from this example and this effect it is easily understood why we should instruct patients to avoid the direct rays of the sun. Dust of every kind will aggravate the disease, and not the dust flying from the road so much, as the dust caused by going into a field in dry weather and working among the weeds or grass. It is generally believed in this country to be due to the pollen given off from rag weed but there exists no doubt in my own mind that there are other potent factors in its production. With the hope that these few thoughts hastily jotted down will lead some one in the true path, I ask their publication.—*The Cincinnati Lancet and Clinic.*

A NEW REMEDY FOR PHTHISIS.

According to the *Lancet*, Dr. Pick affirms that aluminium and its compounds constitute a most effective remedy against pulmonary tuberculosis. His statement is based upon results noted in experiments upon rabbits, as well as on clinical observations. In one case where infiltration of the apices of the lungs had occurred, the morbid symptoms are said to have disappeared on the use of the following compound: Metallic aluminium, 8 grammes; aluminium hydrate, 5 grammes; calcium carbonate, 5 grammes; gum tragaacanth q. s. This was divided into sixty pills, one of which was administered three times a day. *Thera. Gazettee.*

CONTRA-INDICATIONS IN THE USE OF QUININE.

From the result of clinical observations Dr. Rabuteau cautions in *Allgemeine Medicinische Central Zeitung*, against the simultaneous administration of the iodide of potassium and the sulphate of quinine. He has noticed that when these are given in combination they cause pain in the stomach, nausea and vomiting. These symptoms, he believes to be due to the liberation of pure iodine in the stomach. He declares that quinine is contra-indicated in women during menstruation. He cites instances in which women who were able to take quinine in the intervals between their menses were unable to do so during menstruation because of the intense hypogastric pain which invariably followed its use.—*Therapeutic Gazette*.

A SUBSTITUTE FOR QUININE IN TYPHOID FEVER.

The Medical Bulletin states that Dr. Daunt, of Brazil, highly recommends chlorohydrate of perevina, an extract from the bark of *geissos-permum vellosi*, as a substitute for quinine in typhoid fever. The dose is from 12 to 24 grains during the twenty-four hours. It is intensely bitter and should be given in capsules. Failing to state the exact purpose for which this remedy with the polysyllabic name is recommended, we apprehend that the drug will not readily be administered by physicians who have had any experience in the use of quinine in typhoid fever. The only use for which quinine can be recommended in this disease is as an anti-pyretic, for which purpose it should be given in large doses. The administration of quinine in tonic doses in typhoid fever has been abundantly proven to be useless, and worse than useless.—*Therapeutic Gazette*.

THE ACTION OF TURPENTINE IN DIPHThERIA.

In 1880 Bosse reported a case of diphtheria where turpentine had accidentally been given in large quantities, and the result, so far as the disease was concerned, was flattering. Later we find the report of a large number of these cases treated systematically with turpentine. Jozefowicz treated a number of cases, and gave an accurate description of four cases. He comes to the following conclusions :

1. Turpentine administered internally possesses and exerts a good action on diphtheria.
2. Several hours after taking it, its effects can be observed already; the membranes begin to swell and are separated from the underlying tissue.

3. The unpleasant after-effect of turpentine can be counteracted to a certain extent at least, and doses ranging from one to two teaspoonfuls can be given during the day. The action on the kidney soon passes away.

4. Intestinal catarrh contra-indicates the use of turpentine.

5. If an elevated temperature is present, it at the same time reduces it.

6. The local treatment with turpentine often exerts a beneficial action. From the number of cases reported, its action must influence the general diseased condition of the system, since the membranes seem to soften and separate more easily, when they can be removed by the patient,—*Deut. Med. Zeitung*. T.

A CASE OF GENERAL IDIOPATHIC ATROPHY OF THE SKIN.

Before the last meeting of the American Dermatological Association, Dr. W. A. Hardaway read a paper on a case of this nature, and exhibited photographs illustrating the case.

The patient was a blind man, twenty-three years old. He had a sister also blind, and with the same skin disease, as he stated. The skin of his face was thickened and reddened, there were scars around his mouth, and he had the so-called "strumous lips." The integument of the trunk presented a checkered glistening aspect; patches of pigmented skin alternating with atrophic spots. The skin over the latter was tense and glistening, and could be picked up with difficulty. No dilated vessels were visible. The skin and muscles of the hand were atrophied, and the sides of the fingers had grown together over half their extent. There was necrosis of the conjunctivæ, corneal opacities and adhesion of the lids to the globes.

Dr. Duhring said that the atrophy was the only essential feature of the disease under consideration. All grades are met with, from those having no tendency to degeneration to those developing carcinoma or sarcoma.

Dr. Taylor said that in his opinion the condition of the skin in the case described in the paper was not like that met with in the disease known as angioma pigmentosum et atrophicum, as this patient presented simply an ill-nourished senile-like condition of the integument.—*Phila. Medical and Surgical Reporter*.

THE ETIOLOGY OF CANCER.

Dr. J. H. Stallard speaks wisely when he says, in the *Pacific M. & S. Jour.*, July 1884:

No subject presents a more hopeful field for the conjoined action of the profession. We want a more exact personal history of those who suffer from malignant disease, especially as regards the great question of diet and regimen; and it is much to be hoped those physicians in England and America who have promoted this mode of investigation, will take up this great and important subject. It is now settled that our best remedies are failures, and that early extirpation is our best resource. If we should be able to attack our enemy by preventing the predisposing condition, there will be hope that the cancer mortality will fall,—*Phila. Medical and Surgical Reporter*,

BOULDER ITEMS.

Six thousand, two hundred dollars has been appropriated for a University hospital, the building to be erected on the University grounds, and will accommodate thirty patients. This is only one wing. This will give ample clinical advantages to the medical department and save the county considerable expense.

The medical department of the State University opened with fourteen students and will have at least twenty before Christmas. This college has the state back of it and of course must necessarily succeed. Students can procure rooms for the small sum of one dollar per month. The tuition is free. The instruction is thorough.

Dr. Thos. H. Everts has been appointed professor of obstetrics and Dr. Cleary of ophthalmology.

Boulder is truly the university town of Colorado.

BOOKS AND PAMPHLETS RECEIVED.

VISIONS OF FANCY.—A poetical work by N. H. Baskett, M. D. J. H. Chambers & Co., 405 North Third Street, St. Louis, Mo. An excellent work for the medical man to read when he is tired or during his vacation.

Catalogue and circular of information of the University of Colorado for 1884-85 with the announcement of the medical department has been received. It is gotten up in most excellent style. The term of study and work in the medical department has been reduced to three years instead of five. We regret that, to take this step, was necessary.

Received just as we go to press Osteotomy and Osteoclasia for Deformities of the Lower Extremities, by Charles T. Poore, M.D., Surgeon to St. Mary's Free Hospital for Children, New York; Member

of the New York Surgical Society, etc. Published by D. Appleton & Co., 1, 3 and 5 Bond street, 1884. In our opinion no man who makes any pretensions to surgery or aspires to be a surgeon, can afford to be without this work. We hope to notice this book at greater length.

Practical Manual of Diseases of Women and Uterine Therapeutics, for students and practitioners by H. Macnaughton, M.D., M.C.H., F.R.C.S.I. & E., Examiner in Obstetrics of the Academy of Medicine in Ireland, and of the Obstetrical Fellow of the Academy of Medicine in Ireland and of the Obstetrical Society of London, formerly Professor (of Obstetrics) in the Queen's University, Ireland; consulting surgeon to the county and city of Cork Hospital for women and children, and to the Cork Maternity; surgeon to the Cork Ophthalmic, Aural and Throat Hospital; Demonstrator of Anatomy and Lecturer on Surgical and Descriptive Anatomy in Queen's College, Cork. Published and for sale by D. Appleton & Co., Bond St., New York. We have not space at this time to review this work. We have read it and not without profit. It is the best work, in our judgement, the general practitioner could have. We are pleased to see that the author has reproduced Goodell's cut of the Gehrung's pessary, and that he has noticed, rather favorably for an old-country man, Emmett's operation for lacerated cervix.

NEWS AND MISCELLANY.

Dr. Woodward, surgeon U. S. A., is dead.

Prof. Jager, the distinguished ophthalmologist of Vienna, died recently.

The regular term of the Denver Medical College will open October 1st, 1884.

Dr. S. A. Fisk succeeds Dr. Kimball as secretary of the Denver Medical College.

Dr. J. H. Kimball has been made secretary of the Medical Faculty of the State University.

The sixth edition of DaCosta's "Medical Diagnosis" has been translated into Russian.

The highest tribunal in Berlin has decided that a foetus becomes a legal human being as soon as labor begins.

Prof. Gross never operated on menstruating women if it was possible to avoid it. Oozing is apt to occur from the wound.

Prof. Cohnheim, of Leipsig, is very ill with chronic Bright's disease (gouty). Of course there is no chance for recovery.

He who is not reticent in knocking other people over the knuckles must not expect to escape from similar treatment himself.

A liniment made of equal parts of oil of wintergreen and olive oil or soap liniment is said to afford almost immediate relief from pain in acute rheumatism.

The general relation between female and male births is 100 females to 106 males. Illegitimacy slightly lessens this proportion—that is, increase the number of females born.

Mr. Lawson Tait says in regard to tapping for diagnostic purposes in ovarian tumors, “never could help in a diagnosis as an exploratory incision could, and was quite as risky.”

Balsam of peru is said to be a never-failing remedy for pruritus ani. The *British Medical Journal* refers to it as a new triumph in medicine, and says that there need be no more itching about the anus.

Epilepsy is defined by Dr. J. J. Caldwell, of Baltimore, as a “disease—or a deficiency—or a disturbance of the brain and nervous system, whereby there is a sudden and dead-like arterial anaemia of the brain and nerve centres.”

Wanted, by a medical student, a book on allopathic practice of medicine. [If there was such a work it must be out of print. We never heard of but one and that existed in the brain of a German lunatic now dead.—ED.]

During the late epidemic of cholera at Cairo it was treated successfully by giving corrosive sublimate in doses of from 1-12th to 1-8th of a grain, frequently repeated until the symptoms have subsided, then gradually leaving off the remedy.

Removal of a piece from the Vituous Chamber by means of the Magnetic Needle, by Jarlian J. Chisolm, M.D., Professor of Eye and Ear Diseases in the University of Maryland, surgeon in charge of the Presbyterian Eye, Ear and Throat Hospital, etc.

“Rectal etherization has failed to make headway,” says our valued contemporary, the *Peoria Med. Monthly*.

Quite natural in such a *stern* procedure.—*Southern practitioner*.

Yes, this treatment is like the school-boy—backward about coming forward. It always has been behind.

An Englishman recently sued the physician who was treating his child for diphtheria, on the ground that the physician's neglect in allowing him to suck a tube used in the operation of tracheotomy had caused

the father to have diphtheria also. The physician came out best in the litigation, however, and secured a dismissal of the charge.

MIRYACHIT.—INCONVENIENCE OF A DISEASE OF IMITATION.—A contemporary has the following, which might have been foreseen. The complaint is obviously a dangerous one:

"There is a new disease, called in Russia 'Miryachit,' and in Java 'Lata.' The person affected by this disease is compelled to imitate anything he sees or hears. A doctor, dining with a friend, had just explained to him the nature of the disease, when the host, pushing forward a bottle of the best 'Encore,' said: 'Try that, doctor, it's ten years old.' The doctor mixed a stiff glass, and, about half emptying it, smacked his lips, remarking 'Tip-top, sir.'

Suddenly Barney, an Irish butler, who had been present during the doctor's explanation, seized the bottle and filling a tumbler, emptied it at a gulp, and smacking his lips, shouted, 'Tip-top, sir.' 'What the deuce do you mean by that?' shouted the infuriated host. 'Begorra, sir,' replied Barney humbly, 'Shure, I'm afeard I'm efflicted wud the latha.' "

—*British Medical Journal*.

The vacancy in the Chair of Chemistry, at the Jefferson Medical College, will probably be filled in the early part of September. Several names of Philadelphians have been suggested, but, if the hitherto successful policy of bringing prominent men to this city to occupy professorships in that school prevails in this instance, the name of Professor John W. Mallett, PH.D., LL.D., of the University of Virginia, seems to be most prominent in this connection.

Prof. Parvin :—While there is no single plan of treatment applicable to all cases of placenta prævia, in general this treatment may be comprehended in alliterative phrase, Temporize, tampon, turn. Tempdrize if the hemorrhage be not so great, and the pregnancy not near its end. Tampon if the hemorrhage be severe, and the os not sufficiently dilated for immediate delivery; but let the tampon be so applied that the hemorrhage will be surely stopped and that dilation of the os may be effected. Of course, a tampon can be most effectually applied if the perineum be drawn back by a Sim's speculum, and the os can be best dilated by a sponge-tent, or by means of Barnes' dilators, and these are to be preferred. If you use a vaginal tampon, do not soak the material in any astringent solution, for it is not by coagulating blood but by pressure you hope to arrest the flow. Of course, position is important, and you may also give cold acid drinks; opium and stimulants may be required if there is pain and prostration. Finally, turn—turn because very often

in placenta prævia the foetus is tranverse ; turn, because when you bring the legs and then the thighs into the os uteri, you have a most effectual tampon ; turn, because you can thus as a rule most quickly effect delivery, and the great dominating principle in the treatment of placenta prævia is, that when the hemorrhage is grave, end the pregnancy as soon as possible, both for the safety of the mother, and the safety of the child.

COMBINED VERSION IN PLACENTA PRÆVIA.—C. Behm has used combined version in forty cases of placenta prævia without a single death. This must be regarded as an extraordinarily good result for a condition which ordinarily gives a mortality of forty per cent. Hofmeier has already obtained similar results in the treatment of placenta prævia.

The operation is performed as follows: When dangerous hemorrhage comes on the vagina should be tamponed until the cervix is closed. This being done and the woman anæsthetized; the whole hand is introduced into the vagina, and two fingers into the cervix. If the membranes are present the operator endeavors to rupture them with the finger, then draws the presenting part (unless it be the buttocks) to one side, at the same time making pressure from without so as to carry the buttocks down until he can grasp a foot. This is drawn through the cervix, so that the breech acts as a tampon on the lower segment of the uterus, and the placenta is pressed against the sides of the uterus. In central implantation of the placenta the finger should be pushed through the centre.

After this version the operator waits for the spontaneous expulsion of the child, or, at least, complete spontaneous dilation of the cervix, in order to complete delivery. The duration of labor after version is between one-half an hour and eleven hours, the average being one or two hours.

The mortality for the children by this procedure is very great, but the chances for the mother are better. The mortality for the children is, however, no greater than by the old operation.

The causes of the great mortality of the mother under the use of the continuous tamponade is the infection through the blood and other matters adhering to the tampon.—*Centralbl.f.d.gesammte Therap.*, July, 1884, *Med. News*, Aug. 16.

Mr. Lawson Tait in his address before the Canada Medical Association, Montreal, August 26, 1884, published in the *Canadian Practitioner*, says, in answer to the question "what do you attribute your success in abdominal surgery to?" (it must be remembered that Mr. Tait is the most successful operator in this line of work in the world) "If I may

formulate my own answers, they would be briefly to this effect: I have given up my life to this work, and I engage in no other practice; therefore I have constant weekly experience of five or six of these operations, sometimes as many as eight or ten. I pay the most minute attention to every detail, and maintain an absolute rule of iron over my nurses and my patients. I will not, if I can avoid it, operate in a private house, for there I have no control over either nurse or patient, still less over foolish friends. I can best illustrate the extent to which I carry discipline by telling an incident which occurred recently of a kind of which I have a few, but not many, experiences. For my private hospital I have a rule that when a patient is admitted she must go to bed immediately. A lady with an ovarian tumor arrived, after a journey of some hundreds of miles, and was asked by the nurse, told off for her, to go to bed. She said she would not do so until she had seen me. The nurse assured her that I would not come near her till she was in bed. The patient remained obstinate and I sent a message to her that she must either go to bed or go home again, and she elected to do the latter, with much satisfaction to myself. She doubtless thought, and you may think, the rule in question is an absurd one, but the absurdity is only on the surface. It is a test of the patient's obedience and confidence in me, and I know very well that with a patient who begins by disputing my orders and doubting the wisdom of my directions, I never could get on, and therefore it is better for both that we should have an early parting. My nurses I always train myself—in fact, I will not have one who has had previous experience, for I know very well that such a woman will inevitably, to save herself trouble, do something in a way she has done elsewhere, and probably for some purpose altogether foreign to my intention, and will therefore become to me a source of danger and annoyance. Finally, I give great personal attention to cleanliness in every detail of my work. I trust no nurses or servants without overlooking, and am constantly and at unexpected times turning up carpets, taking down shelves, and rooting out cupboards. In this way, and by a process of weeding, I have obtained a large staff of good servants, and have formed a large establishment in which every available precaution is secured. I can give no other reasons than these for my success, and probably they will commend themselves to you."

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

NOVEMBER, 1884.

ADDRESS DELIVERED AT THE FOURTEENTH ANNUAL
CONVENTION OF THE COLORADO MEDICAL ASSOCIA-
TION.

BY W. R. WHITEHEAD, M.D., OF DENVER, RETIRING PRESIDENT.

Gentlemen of the Colorado State Medical Society :—I should be false to the best feelings of my nature if I did not endeavor to show how much I appreciate, and tell you how cordially I thank you for this mark of your esteem in choosing me to preside over your deliberations. I have no parliamentary ability; but in its place I can offer to you my kindly wish to promote harmony and preserve good-fellowship. I feel that you have not realized the requirements that this position imposes upon me at this particular juncture of affairs, which so intimately concerns us all as members of an honorable and respected profession. For some years past we have been more or less disturbed regarding certain questions of polity that perplex and embarrass THE ABLEST MINDS OF THE PROFESSION. If, in my humble opinion, the eminent and talented President of the late National Medical Association had failed fully and satisfactorily to meet these questions, how am I to meet and answer them? I wish that I could meet and answer them in a manner consistent with my own views, and that would also be acceptable to all. Such is impossible; but I would be content, however, had I the broad shoulders and the ability

of this eminent gentleman to whom I allude, to bear the weight of responsibility which is attached to the expression of opinion concerning the polity of the profession of our State, and of our great and glorious country. If there is one thing that is dear to me after my family, and after the welfare of my country, next in order comes the love which I cherish for the honor and good name of my profession. The medical profession of America, in times past as at the present day, shows within its ranks men of the most eminent talent, and scholarly attainments of which any country can boast; and what is grander and nobler, men of moral worth, and of individual force of character that make men, and that make NATIONS TRULY GREAT.

The manhood of the medical profession and the manhood of this country depends upon such men. While the political caldron is bubbling and boiling under the anxious eyes of the nation, and elements as vile as those thrown into the caldron by the witches of Macbeth form some of the ingredients of the political pot, an unquiet nation looks on, and in the various walks of life, side by side with other good and worthy men stands the physician as the faithful citizen, the watchful sentinel of the public health, and as the sturdy defender of truth, of justice and morality; and his great moral worth is felt and appreciated, 'though he be the humblest of country doctors, and

"His humble house is such that harbors quiet rest,
The cottage that affords no pride nor care."

But there is a great and serious evil that afflicts the country and that sorely afflicts the physician, and he believes himself powerless to attack and remove, or even to mitigate this evil: It is the arrogant and blatant quackery that STALKS BOLDLY IN HIS SIGHT, and that occasionally lurks and hides itself under the broad Ægis of the profession. In the hope to abate this evil, the cry has gone forth from the profession, and now commences to be uttered by the public press: Elevate the standard of medical education! This cry has reverberated throughout the length and breadth of our land and has found a sympathetic echo in the heart of every hard worked and worthy physician who feels himself robbed by a pestilent horde of empirics, and it meets with a warm response from every well-meaning and intelligent citizen. Nobly have some of our medical schools attempted to raise their standard. Some of them, more hampered than others, have tried—and faltered—and fallen back, because they lost students; but there is, however, a perceptible and gratifying progress, but it is only that which is urged on by the advancing thought of this enlightened age, which demands a better preparation for the struggle for existence in every department of life, among a people

whose intellect is daily feeling the influence of a more developed and higher civilization, and which forces even the charlatan to resort to more intellectual methods of deception than formerly. Deception and fraud will always continue to exist in every business and in every occupation; and quackery has existed from the earliest period, and will continue "to the last syllable of recorded time." Legislative enactments and laws tend to **REPRESS CRIME AND TO LESSEN QUACKERY**, but no country of the world is free from a criminal class or from charlatans. That which will be found most to abate each will be the enlightenment of a nation; especially if this has a republican or democratic form of government. Much has been said about the excellence and efficiency of the system of medical education in European countries, a great deal of which I grant is true; but the advocates of a German or a French university course seem to forget the peculiar nature of our own free institutions; the peculiar habits of thought and self-reliant character of our people. Besides, Americans are surrounded by many and multiplied conveniences and comforts of a modern civilization, generally and equally diffused through their country not found elsewhere, that the conditions of the American people and of American physicians are quite different from those found in European countries.

In Europe the different grades of the population, especially in the past periods of a more aristocratic state of society, invested certain classes, or certain individuals, with superior learning, and a hereditary transmission of superior intellectual acquisitions and refinements, **FAR ABOVE THE MASS OF THE PEOPLE**, sunk in ignorance and easily inflamed with prejudice against the assumption of those of their class who should attempt to instruct or advise them. The influence of this condition of society is still felt at the present time, notwithstanding a marked amelioration and freer state of thought, and of independence of the European peoples. But this cause contributes to exact of the student a longer and more thorough preparation for the study of medicine, or of other pursuits. The same result may be obtained, in my opinion, in this country; but it must be accomplished in a different way, and in conformity with the character of our social habits and of our self-reliant methods of action and of thought. We should never forget in the consideration of this subject, the elevation of the standard of medical education, that our country is a free republic; not such as former republics, in name only, but that we are in fact and practice a republic, shaping and directing by our example and influence the thought destinies of the world. To quote an eminent French author, DeToqueville, whose work on "Democracy

in America" should be familiar to our countrymen, will confirm my remarks concerning THE SELF-RELYING CHARACTER OF AMERICANS, who, says DeToqueville, without ever having taken the trouble to define the rules of a philosophic method of thought, are in possession of one common to the whole people. Maxims, class opinions, says he, exist less in the United States than elsewhere; facts only are looked for, results weigh more than methods, each man seeks the reason of things for himself, aims at the substance or meaning of things, rather than the form. This constitutes, then, the philosophic method of thought of Americans, and is becoming that of the world, as the tendency to equality and free government grows.

The above remarks of this distinguished Frenchman fifty years ago, are still more applicable to our people at the present day. "In a republic like ours," says DeToqueville, "the less prone is each man to place implicit faith in a certain man, or a class of men; but his readiness to believe the multitude increases, and opinion is more than ever mistress of the world."

In questions concerning our relations to society, or to the public, it appears to me desirable that we should keep in view these relations, which it is not within our power, as individuals nor as organized bodies of medical men, to influence effectually, except so far as we ourselves deserve the approbation of all good and just men. If there are faults existing within our ranks, and we seek not to correct them, they become in my opinion, MORE GLARING WHEN THEY ARE SHIELDED by a medical organization, which, in the eyes of the public, then assumes only the shape of a protective association, differing in no manner from one of a commercial character.

Happily the hearts of the mass of our physicians beat in unison with the noblest aspirations, and are animated with the purest sentiments of devotion to all that is good and true. It is, I believe, a fact that is admitted by all, that generally the standard of medical education is not what it should be, and the question arises, What is the cause of this and how is it to be improved? The cause is known to every intelligent physician, and is fast beginning to be perceived by the public: it is the standard of many medical schools, which are exclusively dependent on their tuition fees for support, and are compelled to lower their requirements to obtain students, and compete with other schools of a similar character.

If a reform should come, and come it will, it must be based on leg-

islative enactments urged on by the people. Such a reform has already been mooted, and must when it comes, be such as to take away absolutely from the medical schools the power to grant diplomas that shall entitle the graduates to practice. A State Medical Council, properly qualified, having no connection whatever with any medical school, recognizing only the qualifications of candidates, and adequately paid by the state should, in my opinion, be the examining body to determine the qualifications of those who apply for authority to practice medicine, or its branches. I AM QUITE WELL AWARE OF THE HOSTILITY with which this would be received by some of the medical schools, yet it should not be. It is my confident opinion that public sentiment will eventually direct the legislature of this, and of other states to the adoption and enforcement of some similar method. But, sirs, do we believe that deliberations of an acrimonious nature, which the agitation of this subject is likely to evoke from less considerate and less fair-minded gentlemen than ourselves, would favorably influence public opinion in elevating the character and dignity of our profession, and thereby add weight to our views as a body of medical men, or as individuals, on this or any other subject? The opinions of each other, or of the public, should be met and answered in a manner to denote the calm and conscious possession of intellectual strength and of moral conviction.

These remarks lead me to the consideration of the means by which, I believe, the elevation of the standard of medical education is to be accomplished. In my humble judgment, the first step towards this object is one that will attain two desirable and principle ends at the same time; one will supply our medical schools with young men better prepared to enter upon the study of medicine, and also diminish illiteracy, the facile prey of deception and of superstition; the other end to be obtained is the enlightenment of the public concerning many facts of medicine and its collateral sciences. How is this to be done? I answer, by giving your aid as citizens, as men of a broad, tolerant, and learned profession, to extend, multiply and DEVELOP THE MEANS of private and public instruction in Colorado.

The public instruction, from the primary schools to its highest departments of learning and of science, stands to-day as a bright beacon to direct the populations of less favored states to our much favored commonwealth. The well appointed and efficient public schools of Colorado are the purveyors for a higher education, which is developing with the rapid progress of our high school instruction. The mist of ignorance and of superstition, twin companions of a bigoted intolerance, is

disappearing before the bright rays of our public-school education. The pet, the idol of the people of this state, is its grand and efficient system of public schools.

The elevation of the medical profession must march side by side with the progress and development of thought of the best minds of our people, or it will be dragged along with it.

The effort of Colorado is to give its people the highest forms of public instruction, so that public opinion may rightly shape the intellectual and moral tone of the press, of the rostrum, and of the pulpit; free from a narrow, sectarian bias. I think that you will agree with me that an education, accessible to all, that inculcates truth and morality, that is large, expansive and liberal, is the best moulder of public opinion, and is what the progress of this age demands.

The physician is a scientist, and as such is broad and liberal in his views. His observations of the mysterious phenomena of life and death, and of THE VITAL PROCESSES THAT EVOLVE NEW FORMS out of shapeless protoplasm; his acquaintance with the natural laws that govern matter, all contribute to give him grand conceptions of the vital forces that pervade nature, and they impart to him a sublime and reverent awe for the Supreme Power of the universe, and which leads him in his path through life to seek knowledge and truth, to be faithful and virtuous, and to cultivate those endearing friendships that form the noblest attributes of man.

As the number of well-instructed youth increases, and adds to the intellectual resources of our state, so will the excellencies of the physician be more appreciated, and the demand for well educated physicians be greater.

Those who anticipate a rapid or sudden elevation of the standard of medical education, by the action of our medical associations in conference on this subject, or even by legislative enactments, before the public demands, it must, in my opinion, meet with disappointment. But I have an abiding faith in the good results of the growing diffusion of a correct knowledge concerning this subject, and a more intelligent concert of action, in future, between the representative men of our profession and the public.

Gentlemen, we have a field of usefulness before us, that if rightly cultivated may be productive beyond our fondest anticipations. The germ theory of disease that has so widely attracted the attention of medical men, and of the world, is a subject of study that especially claims our consideration, not only in the quiet and leisure hours devot-

ed to research, but in the dread silence and meditation of THE SICK ROOM, when life, human life, that has clustering around it sweet memories, and dear associations, flickers like an unsteady and feeble flame, and—

“Intent we wait through all the solemn scene,
Glad if a hope should rise, from nature’s strife
To aid our skill, and save the lingering life.”

Public and private hygiene demand our attention to-day as they never attracted the notice of the world before, and there is no part of medical knowledge that so deeply interests the intelligent public, and that so distinguishes our efforts as the preservation of the public health.

The endemic diseases of Colorado that show peculiar phases of their development and course may advantageously engage the thoughts of some of us.

The meteorological conditions of Colorado afford opportunities for further and enlarged observation.

The influence of our climate on surgical operations and the greater or less relative mortality after such, is an important subject for investigation, and would furnish material for an interesting and valuable paper.

Some one among you might collate the facts and enrich with his own valuable experience and observations the data which relate to the prevalence of drunkenness, of the opium habit, of epilepsy, neuralgia, and of insanity, and show their influence on the products of inter-marriages in CAUSING THE DETERIORATION OF THE HUMAN RACE. He might even go further and point out the possible dangers to the permanence of our civilization, through the influence of such causes operating through successive generations, on the mental, moral and physical condition of the race.

Indeed, sirs, we have a broad field in which to win honor and esteem from the public, and thus elevate the medical profession.

In conclusion, gentlemen, I sincerely congratulate you upon the auspicious future and distinguished honors that await this, our State Medical Society, an organization which we may with emulous pride compare with any similar association in this country.

You have grown to a society of large proportions, representing the manhood and intelligence of our commonwealth in a manner not surpassed by any convocation of citizens of our happy and enlightened state. A state, whose quota, as I am informed, of the fifteen millions of dollars of appropriation for the benefit of the illiteracy of our country, would not much more than pay for the foundation of one of Denver’s

finest public schools, while there are other states which receive millions.

Gentlemen, we have reason to be proud of Colorado for her comparative freedom from illiteracy, and we are also proud of the Colorado State Medical Society.

I have taken the liberty in my official capacity, as your chairman, to invite, through our secretary, every unrepresented society of our state, in good standing, and GOVERNED BY THE CODE of our National Association, to send delegates to our State Society. The Boulder County Medical Association, which is unrepresented in our State Society, numbers nearly twenty members, who are gentlemen, in excellent standing, and who are representative men of the profession of this state. This action of mine is respectfully submitted for your approval.

Now, sirs, allow me to say to each and every one of you that I cordially wish you all the happiness that can possibly fall to the lot of so worthy a body of men, and that kindly feelings and good fellowship be promoted, that honor grace your lives, and that love and prosperity, with troops of friends, accompany your declining years.

GONORRHEAL OPHTHALMIA.—ITS DANGERS AND TREATMENT.

BY G. K. HASSENPLUG, M.D.

(Read before the Arapahoe County Medical Society, Denver.)

Gonorrheal Ophthalmia, or Conjunctivitis, is defined by Well's to be one of the most dangerous and virulent inflammations of the eye, in the majority of cases presenting the symptoms of a very severe purulent ophthalmia, sometimes accompanied by marked constitutional disturbances.

The history of a case is much like the following: Soon after exposure there is a feeling of itching and scratching in the eye, as though dust or sand were under the lids, while there is photophobia and lachrymation, soon followed by a thin whitish discharge flowing from or gluing together the lids. It requires sometimes not more than a day or two longer, until the disease appears in full bloom, the eyelids becoming hot red and oedematous, and the discharge now being copious, thick and yellow, while the ocular conjunctiva presents a turgid and congested appearance, so great being the chemosis that the cornea is overlapped or surrounded by a circular ridge of the swelled mucous membrane. The

great danger to the eye rests in the fact that, if the chemosis is great, the cornea suffers from lack of sufficient nutrition, resulting, if continued, in ulceration, frequently followed by perforation.

The disease is always due to contagion, whatsoever may be the mode of transmission. It may be produced in any stage of the clap, but about the third week of the urethral disease, the discharge then being more thick and copious, the danger is then said to be greatest. Gleet, however, is also a cause, as will be seen further on. Physicians some times neglect acquainting their patients of the dangerous character of the gonorrhoeal flow, consequently the latter, if at all careless, often ignorantly inoculate themselves with the matter.

When the disease establishes itself in one eye, discharge from it will naturally inoculate the sound one, therefore it is of the utmost importance to save it by means of some protective cover. One plan is that of Von Graefe, which consists of Charpie or Absorbent Cotton applied to the lids, covered by diachylon paste, and fastened by collodion, thus causing a complete exclusion to the ingress of fluids, etc. This covering is removed two or three times daily, the eye cleansed and examined thoroughly. Dr. Buller, of Montreal, has recommended the use of a watch crystal fastened over the eye with adhesive strips, allowing frequent inspections, besides permitting the patient to see, which is certainly less discouraging to him than if both eyes were deprived of light.

Then for the affected eye the following treatment has been recommended by some: Syringe thoroughly and frequently with luke warm water, and put into the eye several drops of Nitrate of Silver gr. ii, ounce 1 of water, repeated every few hours. Others advise the use of the Nitrate gr. xx to xxx or higher, applied to the lids to cut short the disease. Each plan of treatment has its advocates. Ice cloths, frequently changed and recumbency in a dark room are to be advised and in fact will be more agreeable to the patient.

Case 1. M. M., age 19, occupation unknown, came to the hospital (Will's Eye, of Philadelphia,) with her right eye presenting symptoms quite similar to those already described, with the addition of considerable fever, but as the superintendent of the hospital, when aware of the fact, admitted no one suffering from this affection of the eyes, directions were given by one of the visiting surgeons as to the danger of inoculation of the left eye, and advised to come daily when the president would make applications. The use of ice cloths and repeated cleansings were advised. No history of a probable source of the disease could be obtain-

e.l. The patient re-appeared at the clinic in about four weeks, with the eye smaller than the other, the cornea covered with a haze and the anterior chamber lessened in depth. The vision was merely quantitative.

Case 2. A young man of 22, while suffering from gonorrhoea was unfortunate enough to get some of the matter into his right eye, also came to the clinic, but could not be admitted for the same reason that the preceding case was refused, consequently was treated by some one outside for five weeks, and returned with the eye useless as far as vision was concerned, there being merely ability to see a large object without being able to tell its nature.

Case 3. S. G. The resident surgeon of the same hospital, had among his house patients a man of about 35, admitted several weeks previously, with what I understood to be non-vascular-diffuse Keratitis, when the remark was made by one of the visiting surgeons that if the patient was to get some acute inflammation of the eyes, his sight would, to a certain extent, improve. He very obligingly, as then appeared, inoculated himself unawares in one eye with some of the discharge of his gleet, the existence of which was unknown at the time of his admission.

While the Resident was treating this complication with a view to holding the inflammation somewhat in check, he was so unfortunate as to get some of the discharge into his own eye, and he soon had a full-fledged attack of Gonorrhoeal Ophthalmia. The treatment used in his case was the application once daily of Silver gr. xx to ounce 1 of water to the lids, the eye syringed hourly with solution Boracic Acid, Sulphate Zinc dropped in four times and Sulphate Atropia twice daily. At his bedside was put a large block of ice, on which were placed five or six pieces of patent linen, to be put on the eye in quick succession, being removed before they should the least approach to warmth. A nurse at night applied the cloths in the same way. By-the-way, it is a necessity in all cases, during the height of the inflammation, to change the cloths night and day. With all the careful attention he received, his eye was so sensitive, even at the lapse of eighteen months, that the darkest shade of smoked glasses was necessary, on the street, and prolonged study impossible.

Case 4. A young man of 28, bar keeper, had an attack of Gonorrhoeal Ophthalmia, several days old when first seen. Received good treatment and nursing. (the night use of the cold cloths not being available however,)—there was a perforation of the Cornea, loss of Vitreous, and the eye was then removed.

Case 5. J. F. M. age 22, a railroad brakeman, had been on a

debauch for a week or more previous to the first day on which he found anything amiss with his eye. By-the-way, he said he had had no clap for a year or more, and could give no explanation of how he contracted his trouble. One evening he noticed that the electric light pained his right eye, making him think, however, that it was caused by loss of sleep. This soon felt as though there was a wild lash in it, followed by inflammation of the ball. Next morning there was a whitish secretion which he had not previously noticed, and in the afternoon there was more pain, while the discharge had become thicker and more profuse. He then went to consult one of our homœopathic brethren who gave him a white powder and white pills to take hourly. That night, however, the pain was so great as to wake him up several times, each time with the lids stuck together. In the morning the eye was still more painful and red and the discharge also more abundant. Up to this time the patient thought this was only a "cold in the eye," as he termed it. That evening, notwithstanding the potency of the two medicines, the pain was yet greater, when he made a second visit, getting a dark wash, to be applied every half hour, which intensified his sufferings. Nothing was said to him of the danger of communicating the disease to the left eye. That night the patient could not sleep at all, and I saw him the next day, four days having elapsed since he first noticed that his eye was not normal. His lids were swollen with a thick, creamy, yellowish discharge between them, and when they were separated, a copious flow of pus flowed, which, when removed, showed the ocular conjunctiva intensely injected and swollen; in fact, so great was the chemosis that the cornea seemed as though it had sunk deep down below its normal level, apparently at the bottom of a pit. The prognosis given was therefore grave. The patient was ordered to bed in a dark room with ice cloths to be continuously applied day and night, but as his circumstances were limited, he had no nurse to apply the cloths when he was asleep. The eye was syringed hourly with 10 gr. solution Acid Boracic, slightly warmed, while the 20 gr. solut. Nitrate Silver was applied to the inner surface of the lids, gently everting them. Sulph. twice in the 24 hours. With the exception of an hour following the Silver, the patient declared that the eye felt comfortable during the entire course of treatment.

It had been my intention to protect the other eye by means of a watch crystal but this having broken, there was substituted for it a piece of adhesive plaster three inches long and two inches wide, fastened the length of the nose, and along the brow, covering the eye completely, yet allowing it air and an opportunity of seeing below and to

the outer side, besides giving the air free access to the eye. The Herteloue was applied several times to the temple, relieving some of the conjunctiva, but the swelling of the conjunctiva was so great that conthoplasty was necessary. The appetite and solubility of the bowels were, of course looked after. Notwithstanding all the care taken, the disease had too firm a foothold and nutrition of the Cornea was cut off by the swelling of the conjunctiva, consequently there appeared a whitish opacity, developing into an ulcer, perforation resulting, followed by a flow aqueous humor.

All efforts were unavailing to stop the flow of vitreous, which caused sharp pains through the eye and corresponding brow and temple, attended the next day, with failing vision and lessened range of accommodation in the other eye, therefore enucleation was proposed and agreed to. Five hours after the eye was removed the sight and accommodation improved so that next day both were normal.

THE THREE TONSILS—SOME PRACTICAL SUGGESTIONS IN REGARD TO THEIR STRUCTURE, FUNCTION, AND DISEASES.¹

By F. H. BOSWORTH, M.D.,

(Professor of Diseases of the Throat in Bellevue Hospital Medical College, New York.)

I invite your attention this evening to a consideration of the three tonsils, in order that I may bring forward certain views in regard to them which I have for some time entertained, and which, while contrary, I think, to the generally accepted opinion, will, if true, serve to clear up much that is vague in the prevailing views as to the functions of these glands, and also to give a more practical direction to our therapeutical measures in the management of many of the commoner forms of disease in the fauces.

By the three tonsils it is to be understood that I refer to the two glandular masses found between the pillars of the fauces, and to which the name tonsil is usually applied, and to that mass of glands which is found in the vault of the pharynx, and which was first recognized and described by William Hunter,² and subsequently; and to a fuller extent, by Luschka,³ and to which the name of Luschka's tonsil has been given and also that

¹ Read before the New York Academy of Medicine, October 2, 1884.

² Cohen: Diseases of the Throat, second edition, p. 253.

³ Der Schlundkopf der Menschen.

of the *pharyngeal tonsil*. . These three masses being so nearly identical in their structure, function, and diseases, I think that they may be properly designated as the three tonsils. The masses between the pillars of the fauces will be spoken of as the faucial tonsils, while that structure at the vault of the pharynx will be designated as the pharyngeal tonsil.

It has been the custom to describe the faucial tonsils as "two almond-shaped organs lying between the pillars of the fauces, and covered by a fibrous investing membrane or sheath, in which are from seven to twelve openings, which mark the orifices of a number of mucous glands, of which the organs are composed." There are, I think, several sources of error in this description. The faucial tonsil is not covered by a fibrous sheath. Underlying it there is a more or less dense connective-tissue layer, which is continuous with the submucous layer which underlies all mucous membranes. Beneath the mass this is thickened by the same morbid process which has developed the tonsil. Further than this there is no sheath to the gland. It is not an almond-shaped organ as a rule, but is of whatever shape the morbid process which has caused its growth may give it. The number of openings on its surface is entirely dependent upon the number of glands which are involved in the hypertrophic processes which have produced it. It is not an organ of the body in the sense that the liver and spleen are organs, and which I think is a commonly accepted view, and therefore, in this sense, has no especial function to perform in the economy. In my work on "Diseases of the Throat," published three years ago, I subjected myself to criticism by the assertion that in the healthy throat there are virtually no tonsils. This opinion I still entertain. The "almond-shaped organ," etc., described by anatomists does not exist in a healthy throat, but is the result of a morbid process. This morbid process may have been of such limited extent as to have developed but a small tonsil, and one not sufficient to give rise to any other than trivial symptoms; or it may have gone to the extent of developing a mass of sufficient extent to cause serious disturbances. All mucous membranes are richly endowed with glands, in order that they may be kept in that soft and pliable condition which the proper performance of their functions demands. Perhaps no portion of the mucous tract demands a greater supply of mucus in the performance of its functions than the upper air-tract. In this region, therefore, we find these muciparous glands not only richly distributed throughout the membrane, but also aggregated in masses. This tendency to aggregation is especially noticeable in the pharyngeal vault, and between the pillars of the fauces. In a condition of health these aggregations of glands do

not project prominently from the membrane, and hence, in a perfectly healthy state, their existence is not easily demonstrated by gross inspection.

The mucous membrane of the upper air-passages, however, perhaps more than any other portion of the body, is liable to be the seat of morbid action. It is a very noticeable clinical fact, also, that while in adults it is the mucous membrane proper which is most liable to be the seat of disease, in children it is the glandular structures which are especially susceptible; hence we find that morbid conditions of these glands, both in the fauces and in the pharyngeal vault, are of exceedingly frequent occurrence, especially in children.

The tendency of chronic inflammatory processes is to develop hypertrophy. Hence we find a moderate hypertrophy of these glandular masses of exceedingly frequent occurrence in young people, constituting in the one case so-called enlarged faucial tonsils, and in the other an enlarged pharyngeal tonsil.

In order to make clearer my meaning, I will very briefly allude to the anatomy and functions of the upper air-tract. The nasal cavity proper extends from the nostrils in front to the posterior nares behind. They are lined by mucous membrane covered with columnar ciliated epithelia, whose ciliæ move in a direction from behind forward. These cavities fulfil a double function; they contain the distribution of the olfactory nerve and preside over the function of olfaction. With this we have nothing to do in the present consideration. The other function consists in guarding the entrance to the lungs, warming, moistening, and cleansing the inspired air. For the latter purpose the nasal mucous membrane is very richly supplied with glands which pour out an abundant sero-mucus, by which the inspired air becomes charged with moisture. The nasal cavities, then, belong purely to the air-tract. Behind the nasal chamber lies the pharynx. This is usually described as one cavity, extending from the basilar process of the occipital bone to the oesophagus. There is, I think, a source of error in this. That portion of the pharynx which lies above the border of the soft palate is lined with a mucous membrane covered with columnar ciliated epithelia, and very richly endowed with muciparous glands, those in the vault constituting the pharyngeal tonsil. Below the border of the soft palate the pharynx is lined with a mucous membrane, which is covered with pavement epithelia and very scantily supplied with glands. The characteristic anatomical feature of the air-passages is that they are lined with a mucous membrane covered by columnar ciliated epithelia, and richly

endowed with mucous glands; a form of mucous membrane which, while exceedingly delicate and sensitive, is eminently adapted to its function. It tolerates the passage of air, corrects its temperature, regulates its humidity, and prepares it for the lungs. At the same time it resents the impact of any foreign body, harsh substance, or the entrance of any irritating gas or vapor. It is also endowed with glands which secrete a more fluid mucus, more of the character of a sero-mucus.

On the other hand, the food-passage is lined with a mucous membrane which is covered with squamous epithelia. Its function is to allow the masses of food of oftentimes firm consistence, but whose impact upon the membrane of the air passage would not be tolerated. For this purpose the membrane is so constructed that it is hard, dense and resisting, and not especially sensitive. It is richly endowed with glands which pour out a viscid mucus, whose function is a lubricant mainly.

The pharynx, then as it is usually described by anatomists, is really composed of two cavities differing materially in structure and function. The upper pharynx belongs to the air-tract, while the lower pharynx belongs to the food-tract. This view is still further sustained by the fact that an inflammatory process in the one region does not involve the other as a rule. A pharyngitis involving the lower pharynx is, I think, a very rare disease, and when met with, is not connected with any morbid condition of the upper pharynx, but rather with some disturbance of the food-tract, such as gastritis, etc.

The lower pharynx, as before remarked, is very scantily supplied with glands, and yet in the performance of its functions it demands an abundant supply of mucus, in order that it may be kept sufficiently lubricated to allow of the easy passage of food in deglutition. Gland structures are exceedingly delicate, and liable to injury on exposure. The lower pharynx is perhaps the most exposed region of the mucus tract; it is therefore a hard, dense membrane with but few glands. In order to compensate for this deficiency it is surrounded on three sides with large aggregations of glands, one on either side between the pillars of the fauces, another immediately above in the vault of the pharynx, constituting in the one case the faucial tonsils, in the other the pharyngeal tonsil. The sole and only function of these masses of glands which constitute the three tonsils is, I believe, to supply mucus to moisten and lubricate the lower pharynx, and the design of Nature in so locating them has been most wise, for had the lower pharynx been endowed with glands sufficient for its demands, disease occurring in them would be attended with far graver consequences than attend morbid conditions of the gland arranged as we find them.

The minute anatomical structure of the faucial and pharyngeal tonsils have been so often described that further allusion to them need not be made. Their resemblance is so clear that the only difference in structure is easily accounted for by the fact that the pharyngeal tonsil is protected from any impact of foreign substances, and is therefore of a soft and spongy consistence, and contains connective tissue, less in amount and less firmly organized than the faucial tonsils, which are subjected to much harsher usage in the act of deglutition.

From a pathological point of view we find still further grounds for grouping the three tonsils together, for the same morbid processes which occur in the faucial tonsils are met with in the pharyngeal tonsil. These are: acute inflammation; chronic inflammation, resulting in hypertrophy; acute follicular inflammation; croupous inflammation, and diphtheritic inflammation.

Acute tonsillitis is a name generally given to quinsy. I shall endeavor to show later that quinsy is not a disease of the tonsil, but is an inflammation of the cellular tissue of the soft palate or neighboring parts, and that phlegmonous inflammation does not occur in the tonsil. As a matter of fact, therefore, the only form of acute inflammation met with in the tonsil is a catarrhal inflammation, viz., one attended with hyperæmia, swelling, and hypersecretion. This is usually described under the term subacute inflammation. In deference to common usage, therefore, I use the usual nomenclature.

Subacute tonsillitis.—This in the faucial tonsil consists of a mild form of inflammatory action characterized by swelling and hyperæmia of the glands, and is the result generally, of exposure to cold. The constitutional disturbance is not great, there being, as a rule, a mere feeling of general malaise with chilly sensations. The tonsils are swollen to twice or three times their size in the quiescent state, and project into and encroach upon the isthmus of the fauces, two red, angry-looking masses. The palate may be involved in the hyperæmia, but there is no notable swelling beyond the tonsil proper. The attack is not of any serious import, and runs its course in from four to seven days. The predisposing cause is enlarged tonsils, and it occurs in children more frequently than in adults, simply for the reason that in children enlarged tonsils are most frequently met with. *Subacute tonsillitis* occurs in the pharyngeal tonsil with the same frequency as in the faucial tonsil; it is attended by the same constitutional symptoms, a mild febrile disturbance, and no more; and it is caused, as a rule, by exposure to cold. The main predisposing cause is an enlarged pharyngeal tonsil. It occurs

most frequently in children, runs its course and subsides in the same way as the faucial disease. The only difference in the two affections is in the symptoms, which differ merely from the location of the morbid process. As far as I know, the affection has never been described under the above heading, although Meyer, in his original article on "Adenoid Vegetation in the Naso-pharyngeal Cavity,"¹ described their tendency to sudden attacks of turgescence, by which their size varied greatly at different examinations.

Lowenberg² and other writers allude also to the same symptom. It will be easily understood how, in the case of a mild inflammatory process occurring in the pharyngeal tonsil, the symptoms will be mainly nasal. There is apparently a cold in the head. The nasal passages are obstructed, the voice becomes affected, changing to what Meyer calls the dead voice, its nasal resonance is destroyed, and there is more or less discharge of mucus or muco-pus into the fauces. The attack is what is usually regarded as a cold in the head, and is often called an acute coryza. This, I think, is a frequent error. An acute inflammation of the nasal mucous membrane in children is very rare. As before remarked, the glandular structures are the parts generally attacked in children and not the mucous membrane proper, and their colds, if in the throat, are in the faucial tonsils, and if in the nasal passages, are in the pharyngeal tonsil rather than in the nasal membrane. The attack subsides in a few days, as in the faucial disorder, its frequent recurrence, however, should call attention to the probable existence of the chronic disorder, which is in most cases the predisposing cause of the attack.

Acute follicular tonsillitis.—The epidemic of this disease, which prevailed to such a great extent last spring, and indeed which has prevailed so extensively in the past three or four years, has served to bring it prominently to the attention of all of us. It consists of an inflammatory process, involving one or both tonsils, which is characterised by the exudation into the crypts of the glands of a fibrinous material which fills and distends their cavities. The onset of the attack is marked by a chill, followed by general febrile disturbance of a marked character. The skin becomes hot and flushed, there are headache, pains in the bones, loss of appetite, and all the evidences of a febrile movement far greater than can be accounted for by the amount of local inflammatory action.

¹ Medico-Chirurgical Transactions, vol. liii, London, 1870.

² Les Tumeurs Adenoides du pharynx nasal.

In a paper read at the meeting of the American Laryngological Association in May last, on "The Clinical Significance of Fibrinous Exudations,"¹ I took the ground that this disease is an essential fever with a local manifestation in the throat, something in the nature of one of the exanthemata. I think there is much ground for regarding this as the correct view. In the same paper I called attention to the fact that the same disease occurred frequently in the pharyngeal tonsil. In each case the onset and progress of the disease is characterized by the same symptoms, the only difference being in the locality of the eruption, and in the subjective symptoms with reference to pain in deglutition, etc.

Croupous tonsillitis.—During the prevalence of follicular tonsillitis we meet frequently with cases in which the attack is marked by the same group of local and constitutional symptoms, with the exception that an inspection of the fauces reveals, in place of the small pearly white spots on the tonsils, a broad membrane covering more or less the whole face of the gland. This I regard as the same disease as the former, with an eruption which is more marked or efflorescent. The exudation which in the former case confines itself to the crypts of the glands, in the latter fills and overflows them, forming a continuous membrane. If this be deatched from the surface, there will be found beneath it the appearances of the follicular disease.

The same membrane I have frequently observed on the pharyngeal tonsil, and its appearance is attended with the same general symptoms as in the faucial disease.

Diphtheritic tonsillitis.—A diphtheritic membrane on the faucial or pharyngeal tonsil occurs in connection with the blood-poison of diphtheria. Wherever it may be developed, its clinical significance is the same.

Hypertrophied tonsils.—Hypertrophy of the faucial tonsils gives rise to a train of symptoms which are mainly due to the mechanical presence of these glandular masses in the fauces. They occur mostly in young people. Their development is attended by the occurrence of repeated attacks of subacute inflammation or ordinary catarrhal sore throat, and they show a tendency to subside at puberty. Their development also is the result of a purely local morbid process, and is not, as a rule, the outcropping of any of the constitutional dyscrasiæ. If there is any impairment of health, it is to be accounted for by the mechanical action of the growths, in obstructing respiration, disturbing sleep, or otherwise interfering with the natural functions.

¹ New York Medical Journal, May 12, 1884.

Hypertrophy of the pharyngeal tonsil has been described by many writers under the heading usually of adenoid tumors, or vegetations at the vault of the pharynx. It seems to me that a clearer comprehension of this affection would be reached by showing its relation with enlarged faucial tonsils. This form of hypertrophy, like that in the faucial tonsils, occurs mostly in young people; it gives rise to a train of symptoms which are largely mechanical; its development is attended by repeated attacks of subacute inflammation; it is a purely local trouble; it shows a tendency to subside with the attainment of puberty, and in fact in all its aspects is identical with the faucial disorder, except in its location.

In this view, then, enlarged tonsils in either region are simply masses of diseased glands, whose function has in the main been abolished or perverted by the morbid process which has fixed itself upon them. If the hypertrophic process is limited and the tonsils are of small size, giving rise to no untoward symptoms, either by their mechanical interference with function, or by exciting an abnormal discharge from the parts, they require no treatment. If, on the other hand, the hypertrophy has gone to the extent of developing a glandular mass, which by its presence interferes with the function of the parts, or which in any way gives rise to serious symptoms, it seems to me that there should be no question as to the proper remedy. They are diseased structures and should be extirpated. This rule, I think, should apply whether we have to deal with an exceptionally large mass, or with a single follicle not larger than a split pea. As regards any local medication I believe it to be absolutely inert in reducing genuinely hypertrophied glands. It is sometimes said that Nature placed these tonsils in the throat, and that they should not be removed. Nature certainly never put them there.

Perhaps one of the most remarkable suggestions ever made in regard to the tonsils was that of Penrose, that their removal might result in a loss of virile power. This strange suggestion has been so completely answered by Daily,¹ that I only allude to it as a curiosity. It is sometimes suggested that a portion of the tonsil might be removed, but not all. I see no more reason for this than for the removal of only a portion of any other morbid growth, a fibroid for instance. The danger of hemorrhage after tonsillotomy has often been urged as an objection to the procedure. This danger is, I believe, overestimated. Literature records no fatal case, as far as I know, with the exception of those cases in which the carotid artery was cut. I cannot conceive of an intelligent operator making this blunder. Furthermore, it should be stated, hemorrhage

¹ Medical and Surgical Reporter, December 15, 1883.

never occurs in the operation upon children. The nutrient artery of the tonsil in young people is small and its walls collapse easily. In adults, on the other hand, hemorrhage after tonsillotomy is almost the rule. This is often exceedingly troublesome. I have never seen a case, however, in which the bleeding was not promptly arrested by the application of a wire heated to a dull, red heat. This is a simple procedure and should be resorted to always in preference to the ordinary styptics, which are useless in controlling arterial hemorrhage, and the only troublesome bleeding which occurs in these cases is from the nutrient artery.

As regards the removal of the pharyngeal tonsil I have nothing to say in addition to what I have already given before the Academy¹ two years ago.

Quinsy.—I have already alluded to quinsy as a disease of the cellular tissue of the fauces rather than of the tonsil. Phlegmonous or suppurative disease does not occur in glandular structures, but belongs rather to areolar tissue. It is true that we occasionally meet with small abscesses in the glands of the tonsils or in other portions of the mucous membranes of the air-passages, but they are small abscesses, as a rule, which result from the occlusion of a gland, and are not phlegmonous in character. For three years I have entertained the view that quinsy was not a disease of the tonsil, and in that time have carefully watched and examined the cases which have come under my observation, and I do not recall a single instance in which I have not been able to demonstrate conclusively to my students, or others who have been present at my clinic, that the tonsil was not involved directly in the inflammatory process. The tonsil oftentimes presents a red and angry appearance, but this is always secondary, and due to the fact of its nearness to the phlegmon. Again, the tonsil is occasionally very prominent, being lifted from its bed, and at times projecting far toward the opposite side of the fauces. This is due to the phlegmon occurring behind it. The disease I believe to be acute cellulitis of the areolar tissue of the fauces. In the very large majority of cases it occurs in the soft palate; in others it occurs in one or the other of the pillars of the fauces; and in still rarer instances, in the pharyngeal wall. Furthermore, the cause of quinsy I believe to be in very many cases the rheumatic habit. This view is an old one, and has been maintained by many writers on the subject. I had not paid any close attention to this view until Dr. Fowler² called renewed attention to the connection between rheumatism and quinsy, and reported a num-

¹ Growths in the Nasal Passage, Medical Record, January 13, 1883.

² London Lancet, December 11, 1880.

ber of cases which supported the view. Dr. Fowler also suggested the value of the salicylates in the treatment of the disease

For three years I have treated all my cases of quinsy as cases of phlegmonous inflammation of the submucous cellular tissues, and as probably due to the rheumatic habit. The following summary is offered as affording some points of interest : The whole number of cases seen has been 113. Males, 88; females, 45. Under ten years, 3; ten to twenty years, 30; twenty to thirty years, 61; thirty to forty years, 11; over forty years, 12. The oldest case was sixty-nine years, the youngest nine months. This latter case was a female child which I saw the fourth day of the attack. The case had gone to suppuration and I opened the abscess in the soft palate.

In the 133 cases the phlegmon was in the soft palate in 115 cases; in one or the other of the posterior pillars of the fauces in 11 cases; beneath the tonsil in 2 cases, and in the wall of the pharynx in 2 cases. These latter two cases would have been called perhaps retropharyngeal abscesses. They were unquestionably quinsy. In many cases there was the clinical history of attacks of rheumatism, either arthritic or muscular. Unfortunately my notes give no accurate information as to the proportion of these cases, but I think it was fully sixty per cent.

If the effect of remedies is to be regarded as any evidence, the connection between the two diseases is still further evidenced by the fact that so large a number of cases of quinsy were aborted by the early administration of the salicylates. These cases were mostly seen at my clinic at the out-door department of Bellevue Hospital. Many of them came several days after the onset of the attack. Of those whom I saw within the first thirty-six hours, the attack was aborted by the administration of the salicylates in a majority of cases. In those cases in which the attack was not aborted, suppuration seemed to be very much hastened. The form in which the remedy was administered was as follows :

- R. Sodæ salicylatis.....drachm iij.
 Aquæ.....ounce vj.
 M. Sig.—One teaspoonful every two hours.

Last spring Dr. Barker suggested to me the value of bicarbonate of soda locally applied. The soda is to be taken up on the moistened finger and plastered over the inflamed surface every ten or fifteen minutes. I have since then made use of this remedy in connection with the salicylates, and in one or two cases its action has been most gratifying. I am not prepared, however, to abandon the use of salicylates in favor of the soda. In several cases also in which the quinsy habit has existed

I have given the above prescription, with directions to commence its use immediately upon experiencing any symptoms of these attacks. These were cases in private practice. In no one of these cases has there been an attack of the disease. If the attack is not aborted by medication, it seems to me that it is of importance to us to recognize and treat the disease, as far as the local process is concerned, as an abscess in any other portion of the body. In other words, to treat it on general surgical principles. I think that the importance of introducing the finger into the fauces is not sufficiently recognized. No case—no case of quinsy, certainly—should ever be treated without it. By introducing the finger into the fauces, the condition and location of the phlegmon can be determined, and the occurrence of suppuration and the proper point at which to introduce a bistoury recognized. In this manner the treatment of a quinsy becomes a very simple matter, and does away with the use of gargles, inhalations, sprays, fomentations, etc., which oftentimes add to the discomfort of the patient rather than to his relief.

In conclusion, I have only to say that if I have brought forward any suggestions which are at variance with old established teaching, they are offered very modestly, but still as convictions which have been the result of a somewhat large experience. In acting upon them I am confident that I have obtained better results in the treatment of throat diseases than in following the older doctors.

THE TREATMENT OF BACKWARD DISPLACEMENTS OF THE UTERUS AND OF PROLAPSUS UTERI BY THE NEW METHOD OF SHORTENING THE ROUND LIGAMENTS, CRITICALLY REVIEWED.

BY EUGENE C. GEHRUNG, M. D. DENVER.

(Read before the Arapahoe County Medical Society.)

Any operation whereby the need of pessaries can be abridged either in number or time, will be hailed by every gynecologist as a blessing. It is therefore probable, that the operation proposed by Dr. W. Alexander of Liverpool, and practiced according to assertion successfully by himself and others, will find a great favor by all, who, like myself, are anxious to lessen the torments inflicted on the gentler sex by our present mechanico therapeutic armamentarium. Like many other operations and methods, this will find many imitators until time, and experience will show in which class of cases it is indicated and in which inadmissible. Hence a somewhat critical review of the operation and

its possible results, though only theoretical and, based not on the authors report which was inaccessible to me, but on a short review of it, may be of some interest.

"The method consists in cutting down on the round ligaments on their point of emergence from the external abdominal ring, and then having replaced the uterus, the slack of the ligaments is pulled through the inguinal canal, and they are stitched in the incision. Whilst the incision is healing a pessary should be worn, but, after complete union it may ordinarily be at once removed."

This operation is not only practicable but so fascinating in its promised results, that it will be practiced extensively. The beneficial effects to result from this operation are mentioned in the heading, it is the possible ultimate effects that I wish to bring before you. To get a clear understanding of the subject it becomes necessary to review the nature and functions of the ligaments in question.

The round ligaments are muscular cords derived from the muscular fibres of the uterus and arising from the upper angles a little below and in front of the fallopian tubes. They are from 4 to 5 inches in length and proceed upward and outward then downward inward and forward under a peritoneal covering to the internal inguinal ring and through the spermatic canals where they are lost in the labia majora. The extreme laxness of these ligaments makes it highly improbable, that they take part in retaining the uterus in place, except as an impediment not preventive, to a certain degree of backward motion of the fundus, provided the utero-sacral ligaments retain their function; should that degree however be past, they become nearly useless. Some anatomists credit them with the power of bringing the uterus, during coitus, in a position to better enable it to receive the spermatic fluid.

The principle function and the one acknowledged by all is that they hold the gravid uterus in contact with the abdominal parieties, as soon as it has gained a certain size, i. e. when it becomes elevated above the brim of the pelvis. The ligaments grow almost as fast in length and strength as the uterus does in height, and by their insertion into the anterior surface of the upper angles of the uterus, guide it gently along the anterior walls of the abdomen, the only space left by nature to accommodate such a growing organ without great injury to the other abdominal organs and the peritoneum. Though these ligaments do not always prevent the occurrence of retroversion of the pregnant uterus, and in cases of pregnancy occurring during the state of retroversion, they are certainly instrumental in bringing about what has been called "spontaneous replacement."

They are stimulated and put on the stretch by the growth of the gravid womb, which now furnishes a fulcrum for their action by its increasing rotundity.

Having thus briefly reviewed the functions of the round ligaments I shall now consider (theoretically, as I have said) the effects of a shortening to a greater or lesser extent on the displaced normal and on the gravid womb.

Retroversions and retroflexions are as a rule accompanied with more or less of a descensus which implies a slackening of the sacro-uterine ligaments. If a shortening of the round ligaments is practiced, this of course prevents the uterus from falling backward, as it is kept in a more or less anteverted position. If the sacro-uterine ligaments could be shortened simultaneously the cure would be complete. The pessary does that temporarily. But on the removal of the pessary the descent it appears to me, will recur, and the relief especially in cases of prolapsus can be but partial, since one end of the shortened round ligaments acts but from the cornua of the uterus and the other from the inguinal canal, which is not placed sufficiently high to make it probable that, even if an extreme degree of shortening be practiced, the procident womb will be held in the normal position. If it be true, that most cases of retro-displacements are difficult to remedy even in the most practiced hands, or even impossible (to which last proposition I object, unless there be adhesion or other insurmountable difficulties,) there is a great field for this operation, even should it require a permanent use of the pessary, as it would be much easier to fit one, and of course the possible harm by the missuse of pessaries much lessened.

The next question, the possible effects on the gravid uterus is of greater importance and may be instrumental in lessening the useful field of the operation. Will the artificial shortening of these ligaments allow the full development of the gravid uterus? If not, what will be the consequence? Will the ligaments rupture? Will the benefit of the operation be annihilated by undoing by violence what has been done by operative force, or will they stretch to such an extent as to permit the womb to develop undisturbedly and allow a recurrence of the displacement after labor, as usually happens where no operation has been performed? or will the stumps of the ligaments elongate and recontract just to the desired extent? Will the uterus be kept in a state of anteversion and produce hang belly, miscarriage or other obstetric difficulties? These, gentlemen, are the questions that force themselves upon the mind, and which will of course be answered sooner or later by the ultimate results

of the operation. Until these questions are settled, I am of the opinion that this operation should not be performed as a mere substitute for a pessary, but should be reserved for select or rather urgent cases, where a satisfactory amount of relief cannot be obtained otherwise.

I shall sum up as follows :

A. 1st.—Either the result of the operation is only temporary or unsatisfactory. 2d.—Or it will cause trouble in pregnancy.

B. If it be satisfactory and cause no disturbance during pregnancy, the ligaments must either have ruptured or become elongated again to their physiological length, and the benefit of the operation is probably annulled.

If either of the two propositions under “A” be true the ultimate result of the operation must be useless or more than useless in most cases.

If those under “B” be true the value of the operation is doubtful and the operation should be reserved for few and selected cases.

C. If the shortened ligaments do stretch sufficiently to let pregnancy take its own course and afterwards contract again to the extent desired by the operator, and if displacements are curable by the operation as proposed by the inventor, then it will be one of the greatest achievements in gynecological surgery, since more real comfort will be derived from it by a greater number of sufferers than by most any other operation at present practiced.

This paper has not been written in a spirit of opposition, but with the desire of bringing out all the points in its favor or disfavor by a lively discussion of the subject by the society.

STATEMENT RELATING TO THE INTERNATIONAL COLLECTIVE INVESTIGATION OF DISEASE PROPOSED AT THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.

The general meeting of the International Medical Congress, held at Copenhagen on August 14th, 1884, upon propositions made by Sir James Paget, Professor Ewald of Berlin, Professor Bouchard of Paris, and Dr. Billings of Washington, passed the following resolutions :

1.—That an International Committee be formed for the collective investigation of disease, in connection with the work of the International Medical Congress.

2.—That the following gentlemen do represent their respective countries thereon :—

Denmark—Prof. Trier, of Copenhagen; Prof. C. Lange, of Copenhagen.

Scandinavia—Dr. E. Bull, of Christiana.

Russia—Dr. Rauchfuss, of St. Petersburg.

Germany—Prof. Ewald, of Berlin; Prof. Bernhardt, of Berlin.

Austria-Hungary—Prof. Schnitzler of Vienna; Prof. Pribram, of Prague. To whom was added by co-optation—Prof. Koranyi, of Buda-Pest.

Switzerland—Prof. Despine, of Geneva.

France—Prof. Bouchard, of Paris; Dr. Lepine, of Lyon.

Great Britain and Ireland—Sir William W. Gull, Bart; Prof. Humphry, of Cambridge; Dr. Mahomed, of London.

British India—Sir Joseph Fayer, K.C.S.I.

United States—Prof. Jacobi, of New York; Prof. N. S. Davis, of Chicago.

South America—Dr. Gutierrez-Ponce, of Paris.

As Secretary General—Dr. Isambard Owen, of London.

Representatives of other countries to be hereafter appointed.

In accordance with the following resolution of the first meeting of the above committee held at Copenhagen on the following day, viz :—

“ That the Secretary be instructed to prepare a statement as to the objects of the committee, for translation and publication in the journals of the various countries represented;”

I beg leave to submit the following statement to the members of the medical profession of the United States.

ISAMBARD OWEN, Secretary-General.

5, Hertford Street, Mayfair, London.

The main objects which the committee seek to attain through the collective investigation of disease are to widen the basis of medical science, to gather and store the mass of information that at present goes to waste, to verify or correct existing opinions, to discover laws where now only irregularity is perceived, to amplify our knowledge of rare affections, and to ascertain such points as the geographical distribution of diseases and their modifications in different districts. It will be its endeavor to place clearly before the whole profession the limits and defects of existing knowledge, as well as to stimulate observation, and to give it a definite direction. It will be a not unimportant incidental result of its work should it tend, as is hoped, to the better training of the members of the profession in habits of scientific and practical observation, and in systematic methods of recording the facts which they observe.

The age in which we live has seen enormous advances in the sciences on which the fabric of Medicine rests, such as Chemistry and other branches of Physics, Physiology, and Pathology. Each of these has taken giant strides. It must be admitted, however, that purely medical knowledge has scarcely made proportionate progress. It cannot be expected that it should do so, as it deals with the aberrations of the most complex of organisms, is of all sciences the most difficult, and demands the greatest patience and the largest accumulation of data.

Hitherto the advancement of Medical Science has been brought about mainly by individual effort. The value of such work in the past we in no way underrate, nor do we desire to lessen the amount of it in the future; but in Medical Science there is much that defies interpretation from individual experience, and many problems so far-reaching in an ever-widening field, with elements so manifold, that no single man, however gifted and long-lived, can hope to bring the whole within his range. The need, therefore, in Medicine, of that combination and concentration of individual work which is adopted in many other branches of science and in commerce, and to which increasing facilities of intercommunication have given so much impulse and so much strength, cannot be questioned. Indeed, it may be said that, resting on individual research alone, Medical knowledge can be advanced but slowly and with difficulty. Further progress to any great extent must be the work, not of units acting disconnectedly, but of the collected force of many acting as one. For many to act as one, organization is needed; that organization it is the purpose of our Committee to supply.

Disease is many-sided; and we wish to include in our organization those who see it from every side. All, therefore, whether hospital physicians, family and school attendants, specialists, medical officers of the Army and Navy, and of workhouses and asylums, will be asked to contribute their quota of observation to the common fund.

In England and in Germany organizations for this purpose already exist, through which good work has been accomplished; and a volume entitled the *Collective Investigation Record* containing tabulated returns, with reports upon them and other matter, is published annually by the British Medical Association. France and Austria are alive to the importance of the new method. In Scandinavia and in the United States the foundations of associations have been laid. Denmark, Russia, and Switzerland are setting their hands to the task. To unite these several associations by an international organization for the study of various problems, and to induce the formation of similar combinations elsewhere,

is felt to be a work peculiarly befitting an International Congress. Our Committee is enjoined by the Congress at Copenhagen to endeavour to carry out this work, and, in compliance with that injunction, it invites the co-operation of all who have at heart the promotion of Medical science and practice.

The following is the proposed method. A subject having been selected, a person or persons of acknowledged authority will be asked to write a memorandum, in the form of a short essay, upon it. The memorandum will succinctly give the present state of our knowledge. It will also point out the directions in which further research may best be made; and, with this view, will suggest a few simple and definite questions upon the subject selected. The question will relate to matters of fact, to be elicited by observation of cases, rather than to matters of opinion.

The contemplated organisation will, it is hoped, in time enable the Committee to ask and collect answers to these questions from the profession at large wherever scientific medicine is studied or practised. It will be a further duty to examine, arrange, tabulate, and deduce results from the mass of observations thus collected, due credit being given to each contributor for the information he has furnished; and Reports on the results of the several investigations will be laid before the International Congress at its next meeting at Washington.

THE MODERN TREATMENT OF POST-PARTUM HEMORRHAGE.

(From the British Medical Journal.)

The able and interesting report by Dr. Raglan W. Barnes, A.M.D., of a case of *Post-partum* Hemorrhage, in the *Journal* of August 30th, suggests this note. The author extols the treatment by intrauterine injections of pure liquor ferri perchloridi fortior, having failed to restrain the hemorrhage by compression, ergot, ice-packing of the uterus, and injections of hot water.

Although the hot-water injections disappointed Dr. Barnes's expectations, it is a practice that has proved quite as successful in the hands of other practitioners as the injection of the iron solution in his. If he had tried either of the following plans of treatment, no intrauterine interference might have been required.

The hypodermic injection of ergotine has quite recently been very highly recommended (*vide Obstetrical Transactions*, vol. xxiv, p. 286) by Dr. C. Chahbazian of Paris; he states that the advantage of ergoti-

nine over ergotine are these: hypodermic injections do not produce local abscesses or indurations; they act more quickly, and produce more steady and permanent contraction. The action of ergotine given by the skin on the uterus is not certain, while that of the ergotinine *has not failed* (the italics are the writer's). As a general rule, the ergotine is never used when the uterus is not empty. Dr. Chahbazian does not, however, pretend to say that ergotinine replaces the intrauterine treatment of *post-partum* hemorrhage, though in all cases but one, after the hypodermic injection of ergotinine, no other treatment had been necessary. It should, therefore be used before any attempt at intrauterine injection is made.

Dr. W. C. Grigg (of Queen Charlotte's Lying-in-Hospital) advises (*vide British Medical Journal*, January 12th, 1884) the internal use of vinegar as "almost the specific for *post-partum* hemorrhage." He gives it, after the expulsion of the placenta, in doses of a wine-glassful of the pure vinegar, and, if necessary (which is seldom needed) he repeats the dose at the end of fifteen minutes. Dr. Grigg feels certain that he should not have obtained such favorable results with ergot as with vinegar; and, from his own experience, and from the reports obtained from his house-surgeons and midwives, he can confidently recommend the use of vinegar in *post-partum* hemorrhage. I have used it with the happiest results in a couple of cases lately, where there was a predisposition "to flood;" and when I had, according to my usual custom in such cases, given a preventive draught of ergot immediately before delivery (without producing the desired effect of either preventing or controlling the hemorrhage). The vinegar-treatment was most successful; and it gives me the greatest pleasure to add my humble testimony to that of so eminent an authority as Dr. Grigg, on the rapid, steady, and permanent contractile power which vinegar exerts over the uterus in *post-partum* hemorrhage.

J. D. McCaw, F.R.C.S.,

Portglenone, Belfast.

SOCIETY PROCEEDINGS.

A stated meeting of the Arapahoe County Medical Society was held Sept. 18, 1884, the president Dr. Mavity in the chair.

Dr. G. H. Hassenplug read a paper on Gonorrheal Ophthalmia.

Dr. Cole said that he had seen a 10 or 20 grain solution of arg. nitr. very efficient in taking away the specific character of the disease by creating a new inflammation; would also use ice, leaches, etc. Has usually seen cases early, and has never lost an eye.

Dr. Hawkins reported a case caused by a jet from a syringe which was being used upon another with the clap. The first symptom was a feeling as if a hair were in the eye, the pain increased and it began to swell. The case was seen and treated by Drs. Noyes, Bull and Webster of N. Y., after 24 hours; they divided both the external and internal canthus and applied a strong solution of arg. nitr. Iced cloths were used changed three times a minute, also atropia, and paracentesis was performed. The well eye was not covered as it was thought the diseased one could be kept clean. The eye was saved. Another case treated without ice lost the eye; also a case in a child after birth, lost the eye.

Dr. Russell had seen two cases: one in a girl of five or six years, in which he used astringents and cold, confining in a dark room with good result. The other, a young man of twenty-one, had intense photophobia, great swelling, pus running down the cheeks. Sent him to Dr. Green in St. Louis; he lost both eyes. Thinks the disease can be aborted with strong solution of arg. nitr. if seen early. Considers incisions of the canthus and paracentesis to be unnecessary and harsh treatment.

Dr. Tibbits related a case contracted by washing a speculum, soiled water getting into the eye. It was, at first, treated with compresses to prevent swelling, then 10 gr. solut. of nitr. of silver. There resulted an ulcer of cornea on which stick arg. nitr. was used. The eye was left weak and with granular conjunctivitis.

Dr. Peaslee related a case involving both eyes; used 10 gr. solution arg. nitr. with atomizer, this lessened the oedema; also used atropia.

Dr. Rothwell related a case of exposure to the contagion, which occurred while giving a patient an injection of the penis with a solution of carbolic acid. The patient laughed during the operation ejecting some of the fluid into his left eye. There was some smarting but no trouble followed. Considers ophthalmia neonatorum to be a similar disease. Uses atropia, astringent and hot applications.

Dr. Tibbits has used hot water with success in severe traumatic ophthalmia.

Dr. Mavity asked how to distinguish gonorrheal from other varieties of purulent ophthalmia.

Dr. Hassenplug thinks there is no way. The period of incubation is uncertain, but doubtless short.

Dr. Russell related a case of a scrofulous girl of 10 or 12 years with an ulcer in the eye in which he used a solution of zinc.

Dr. Cole reported case of eruption of both eyes, with opacity and

anterior slaphaloma; a small portion of the cornea being clear, he performed the operation called iridonesis, draining the iris through an incision in the cornea, and obtained a very good result, gaining sufficient vision to enable the patient to go about and to earn a living.

Society adjourned.

Attest :

L. H. WOOD, M.D.,

Recording Sec'y.

During the past two years the demand on Messrs. Parke, Davis & Co., for their fluid extract of cornsilk (*stigmata maidis*) exhausted their stock, and rather than supply, as some manufactures have been in the habit of doing, a preparation of the dried material, which they maintain is inert, they declined orders. This time they have taken time by the forelock, and have, during the season which has just about closed, laid in and properly preserved for future use, an immense stock of the green material. The profession who may have occasion to prescribe this demulcent diuretic in the vesical troubles for which it is so highly extolled, may therefore depend on Messrs. Parke, Davis & Co. for a supply of a reliable preparation of it.

BOOKS AND PAMPHLETS.

THE MEDICAL RECORD VISITING LIST FOR 1885.—We have seen nothing in the line of Physician's Visiting List that could be compared with this in point of neatness, good taste, convenience. And it is the first Visiting List that we have ever been tempted to use. It is published by Wm. Wood & Co., N. Y.

A New Compressor Testis, by Jesse Hawes, M.D., of Greely, Colorado. This very useful apparatus for the treatment of inflammatory troubles of the testicals can be procured of Geo. Tieman & Co., N. Y.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland.

Handbook of the Diagnosis and Treatment of Skin Diseases, by A. Van Harlingen, M.D., with colored plates. The author adopts the classification of Hebra, with slight modifications. The general practitioner knows little or nothing about Dermatology. He would do well therefore to purchase this book, for it is a condensed work, containing in reality all that is known about the subject, written in a brief, clear, clean and rather terse style. And also contains many most excellent prescriptions. It is published by P. Blakiston, Son & Co., 1012, Walnut Street, Pa.

Mr. E. Duncan Sniffen, 3 Park Row, New York, the well-known advertising agent, makes the following truthful remarks in the *New York Tribune*, Oct. 4th, regarding newspaper advertising: "The newspaper is so comprehensive in its scope, so universal in administering to the wants of all classes, and of every occupation in life; it brings as it were, the financial and commercial markets of the world to our counting rooms, so that it may be truly said that a good advertisement in a widely circulated newspaper is the best of all possible salesmen—one who never sleeps and is never weary, who goes after business early and late, who accosts the merchant in his store, the lawyer in his office, the student in his study, the cultivated woman at the family fireside, who can be in a thousand places at once and address a million of people each day, saying only the best thing at the right time and in the best manner. Now this typical salesman talks only about his own business in his own interest, and if in a crowd, he must, in order to secure a hearing, be more conspicuous than his competitors, and at all times he must be as attractive as possible. The work involves intelligence, a good deal of ingenuity, and original and ready resource to make the stale matter of yesterday fresh and inviting to-day. This is the kind of advertising that it pays to do, and that we undertake to do." Advertisers should send for E. Duncan Sniffen's *Advertisers' Reference Book*, 1884, as it is full of valuable information about leading newspapers; their circulation, rates, etc., etc.

ENCYCLOPEDIA OF MEDICAL WIT, HUMOR AND CURIOSITIES OF MEDICINE.—The undersigned proposes to publish during the coming year a large volume under the above or a similar title.

In this undertaking he respectfully solicits the kindly aid of the profession. Witticisms, anecdotes of a humorous or curious nature are solicited. There are numberless unpublished experiences that would prove a source of amusement and instruction, and all physicians, druggists, dentists, and others supplying original contributions will receive due credit in the work.

Information regarding suitable literature—home and foreign, ancient and modern—will be gladly received, and highly appreciated. The author is especially anxious to avail himself of every source, and would highly appreciate all information concerning publications likely to be useful for reference.

All letters, contributions, clippings, books and other matter should be addressed to

JULIUS WISE, M.D.,

820 Olive street, St. Louis, Mo.

THE DENVER MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

DECEMBER, 1884.

ENCEPHALOID CANCER OF THE KIDNEY IN A BOY SEVEN YEARS OF AGE.

By JOS. J. TOPLIFF, M.D., LONGMONT, COLO.

(Reported before the Boulder County Medical Society, Oct. 29, 1884.)

Harry H. Fasnacht, age seven years, was brought to me by his father in the month of May last (1884) with the remark that he had not been feeling well for sometime, but was up and about the house most of the time, and for that reason they thought it but a slight ailment, and that it would soon pass away; but continuing ill was brought to me for medical advise. I found he had been vomiting some for the last few days, tongue slightly coated, a slight rise of temperature, and tenderness over the region of the stomach—the examination was made over his clothing with his coat buttoned up. Considering it but some slight gastric disturbance, with fever, that would soon pass away, I prescribed a mild aperient with a fever mixture, and the case passed out of my mind, when in the course of two or three weeks the father came in and said Harry was no better. At first I thought of prescribing again without seeing the child, but it occurred to me, by the length of time that had escaped, there must be something more serious than at first anticipated, and on June 6th visited the little patient. Found the little fel-

low in bed, although he had been up that day, and had vomited the day before. And to my surprise upon stripping him for examination I found a large tumor occupying the whole right side of the abdomen, commencing at the margin of the short ribs on right side extending down to the crest of the ilium and across to the left and beyond the *median line* and up and around and encroaching upon the stomach, making a large oval tumor with an elastic feel, which gave me the impression that it might be of the cystic variety. Obtaining permission of the parents to explore the tumor, on the 8th, in company with Dr. Jones, of Longmont, (who I had called to see the case with me.) We punctured the tumor with an aspirator needle, but obtained nothing but a few drops of dark colored blood. It was then my opinion, as well as that of Dr. Jones, that it was of a malignant character. I so informed the parents, and that I thought nothing could be done for the child with any hope of a permanent relief. I was informed soon after that Dr. Floyd, of Boulder, was called to see the child, but did not have an opportunity of conversing with the doctor in relation to his opinion of the character of the tumor. After his death, which occurred on August 28th, the parents consented to a *post mortem* examination. On August 29th, eighteen hours after death, assisted by Drs. Ross and Bardill, of Longmont, and Dr. Floyd, of Boulder, proceeded with the examination. The body very much emaciated, abdomen enormously distended from size of tumor, presenting in most parts an elastic feel, superficial abdominal veins large and well marked.

I opened the abdomen and exposed the tumor which not only filled, but enormously distended the cavity, pushing the small intestines to the left side, the ascending colon laid in front and attached to the tumor by bands of adhesions and flattened by pressure against the abdominal walls. Shape of tumor ovoid, presenting a smooth even surface with the exception of one or two lobular elevations, the mass extending up and embracing a greater portion of the stomach, partially enclosing and compressing it to about one-third of its natural size by strong bands of adhesions covered with fatty tissue and extending on and upward, pressing firmly against the liver and down upon the right side in the region of the kidney, where it was more firmly attached, which attachment was with difficulty broken down, which done, I lifted the whole mass out, estimated to weigh from 13 to 15 lbs. Upon laying it open with the knife it was of a soft pulpy consistency highly vascular and presenting a dark maroon color, resembling "*fungus hematodes*," and in many places, that extravasated blood had assumed a stratified appearance, in others

a softening of the tissues with fatty degeneration, presenting sufficient diagnostic points, together with the entire absence of the right kidney, its slow and almost imperceptible invasion and subsequent rapid growth, attaining such an enormous size, to fully demonstrate that this tumor was the kidney itself and cancerous and from its cell structure of the encephaloid variety and what may be termed encephaloid cancer of the kidney. The liver throughout was filled with fatty nodules unquestionably secondary as the result of pressure upon the portal circulation.

The points in the case.—No very marked symptoms in its invasions * to denote the serious and fatal termination so soon to follow with its subsequent rapid growth and enormous size in a child of 7 years and the rarity of this character of disease attacking the kidney.

ANTISEPTICS IN MIDWIFERY.†

BY CHARLES JEWETT, M.D., BROOKLYN,

Professor of Obstetrics and Diseases of Children in the Long Island College Hospital.

Antiseptic measures for prophylaxis in childbed may be divided into two classes :

1. Those addressed to the surroundings of the patient.
2. Those applied directly to the parturient canal during labor and the puerperal period.

The former aim to protect the patient by an aseptic environment.

The latter assume to destroy or disarm septic matter that may have gained lodgment in the genital tract.

While the importance of the one class of procedures must be generally conceded, opinion and practice are by no means uniform in respect to the other

Though for many years fully committed to their use, the recent experience of the writer has led him to abandon prophylactic injections as a routine practice in the puerperal period, and to place little dependence on them during labor. On the introduction of antiseptics into the Maternity service of the Long Island College Hospital, a marked improvement was at once apparent in the temperature charts. A normal thermometric line became the rule where it had formerly been the excep-

* Since taking the notes in this case a conversation with the mother reveals that the boy did have "Hunaturia" last January, which lasted but a day or two, but had escaped her recollection when giving the history of the case.

† Read before the Medical Society of the County of Kings, September 16, 1884.

tion. Nearly sixty-three per cent. of the women confined in the year following the adoption of antiseptic precautions had normal temperature during the post-partum week, while not more than sixteen per cent. had wholly escaped febrile temperatures before.

Early in 1883 I began a series of observations with a view to determine whether this improvement was due in any degree to the use of antiseptic injections during the puerperium. The result has already been in part reported.

Two parallel series of hospital cases were treated side by side, one with and the other without vaginal injections. Both series numbered twenty-nine patients—sixteen in the douched and thirteen in the non-douched class. The principal disinfectant was a 1-to-1,000 bichlorid solution, a 3-to-5-per-cent. carbolic solution being used in a few cases only. The injections were administered by competent nurses, and it is fair to presume that they were managed with care and skill. They were repeated twice daily during the post-partum week. Of the sixteen douched cases, eleven had temperatures that did not exceed 99.5° F. in the first puerperal week. Of the thirteen non-douched cases, the temperature record was constantly below 99.5° F. in twelve. The morbidity was less in the patients left undisturbed by the douche. True, the departure from the normal was not necessarily always due to sepsis. Moreover, two operative cases were included in the douched series, while there were none in the other. While the result of these observations may not therefore be considered conclusive, especially in so small a number of cases, if it does not amount to an indictment of the puerperal douche, it certainly proves nothing in its favor.

The advantage obviously gained by the introduction of antiseptics was clearly due to other measures than the douche. Routine injections of the genital tract during the puerperium were therefore abandoned as a useless if not injurious practice.

Local antiseptic measures for prophylaxis were subsequently confined mainly to the labor period. Vaginal disinfection was practiced at the beginning and close of labor, and, in case of prolonged or instrumental delivery, was once or twice repeated in the course of its progress. This method was believed to be in keeping with antiseptic principles as applied in surgical practice. The field of the obstetric wounds was cleansed before solutions of continuity occurred. After labor the wounds were treated with the disinfectant while still fresh, and were then left wholly at rest.

Further experience, however, has somewhat shaken my confidence in the value of even this practice. The reasons will best appear by relat-

ing the history of three cases of puerperal fever which befell the service during the last year.

I should state that the Maternity is located in the hospital building, from which, however, it is about to be removed. Yet the very disadvantage of the surroundings has afforded the better opportunity to test the value of local antiseptics.

In the latter part of December, 1883, erysipelas appeared in the general hospital service. A few days later a patient was attacked with childbed fever in the Maternity. The notes of this case are as follows.

J. S., aged twenty-three, married, primipara, in excellent health, was brought to the hospital in the ambulance, December 26th, after being fourteen hours in labor. First stage complete on admission. Four hours later—at 2 p. m.—was delivered of a female child, weighing eight and a half pounds. Labor strictly normal; sustained a slight laceration of the perinæum. The vagina was thoroughly irrigated with the bichloride solution at the beginning and close of labor, and a forty-grain pessary of iodoform was placed against the cervix after each douche.

The perineal wound was dusted with iodoform on its occurrence, and was treated with immediate suture. Vagina and wound were thoroughly irrigated again with the bichloride solution immediately before and after the suturing. Ordered extract. ergot. fluid., *m* xv, *t. i. d.* Douche to be continued twice daily. In less than twenty-four hours after delivery the patient complained of great hypogastric pain and tenderness, and the temperature rapidly rose to 103.75° . The subsequent course of this case was typical of an extremely painful diffuse peritonitis. Lochia at no time offensive. The vaginal injection was repeated every four hours from the invasion of the fever, without affecting the temperature. A single intra-uterine douche within twelve hours after the fever began was equally without effect, and was therefore not repeated. It may be of interest to note that the daily dose of opium reached a maximum of one hundred and eighty eight grains. The patient died January 1, 1884. Autopsy revealed general peritonitis; no evidence of septic matter in the uterine cavity.

On the occurrence of infection the obstetric service in part suspended. The fever patient was quarantined in a remote portion of the building. The Maternity was disinfected and placed in charge of an externe appointed temporarily for obstetric duty only, the resident staff withdrawing for the time from the lying-in service. Three normal cases followed in course of the next six weeks. By mischance the next patient—confined February 7th—was attended by a member of the

house staff. She developed childbed fever within forty-eight hours after labor. The following notes are taken from the hospital record of this case :

H. P., aged twenty-eight, single, primipara, of robust appearance, brought into the hospital, near the completion of the second stage of labor, February 7, 1884. Labor in all respects normal, lasting less than ten hours. No perineal wounds nor other notable injury to the passage. Child a female, weighing six pounds and a half. Bichloride vaginal douche, followed with iodoform pencil at the close of labor. Ordered a forty-grain pencil of iodoform placed against the cervix twice daily. On the evening of the 8th, during a temporary absence of her nurse, the patient left her bed and walked barefooted across the ward. Two hours later she was seized with a violent chill. Temperature rose rapidly, reaching 105.5° on the 9th. Lochia became extremely offensive.

The prominent feature of this case was high temperature, with slight oscillations ranging from 103.5° to 105.5° . Pain was almost wholly absent, and there was intolerance of opium, small doses at long intervals induced deep somnolence. Vaginal injections of the sublimate solution were given every four hours, and, this failing to bring down the temperature, two intra-uterine injections of the same solution were administered, also without effect. The patient died on the 12th. On autopsy, the prominent lesion found was general peritonitis, with accumulation of pus in the pelvic cavity. Uterine cavity healthy, and involution nearly normal for the time.

This patient had been promptly isolated on the occurrence of the fever, the wards and beds disinfected, and the department placed in the care of an entirely new corps of attendants. Seven confinements followed with substantially normal post-partum histories. A third case of metria then occurred in a patient delivered April 22d. The attending *personnel* in this instance were free from all suspicion of septic contamination.

The following extracts from the hospital notes present the salient facts of the case :

M. B., aged twenty-two, primipara, somewhat anæmic. Admitted April 10th. Delivered at 9 p. m., April 22d, of a female child, weighing six pounds and a half, after a natural labor of about eighteen hours' duration. This patient sustained a laceration of the perinæum extending half way to the sphincter ani. At the beginning and close of labor the same methods of local disinfection were practiced in this as in the first case; no puerperal douche was used till the fever developed. The

perineal wound was dusted with iodoform and sutured. Nothing abnormal occurred till the evening of the 24th, thirty-six hours after labor, when the temperature began to rise. A slight chill followed on the morning of the 25th, the thermometer then registering 104.5° . There were no subsequent rigors. The lochia were at no time offensive, nor was there any pelvic pain or tenderness during the history of the case, except in the perineal wound. The sutures were removed on the fifth day. The perinæum was very tender on pressure; union imperfect; wound subsequently reopened throughout. On the 27th, patient had several stools, largely of a bloody, mucous character, attended with tormina and tenesmus. This dysenteric attack was once or twice repeated in the succeeding few days. Occasional though not troublesome vomiting from this date. On the 29th and on the 30th of April the temperature fell to 100° F. May 1st it went rapidly up to 104.5° , and, on the 2d, the perineal wound, the vestibule, vaginal portion of the cervix were found covered with a thick, fibrinous exudate. At this time a small, superficial phlegmon appeared on the extensor surface of each forearm, and there was more or less tenderness and stiffness of the knee-and-wrist-joints. The mind remained clear till within two or three days of death, low, muttering delirium then supervening. A notable feature of this case, too, was intolerance of opium. A single dose of tr. opii deod., *m* viii, on May 6th, induced marked somnolence. At about this time the patient showed signs of intoxication on increasing the dose of whisky from one to two drachms hourly. Died May 7th.

On the invasion of the fever the sublimated vaginal douche had been ordered every four hours, each douche to be followed with a forty-grain pessary of iodoform placed against the cervix. The vaginal douche failing to affect the temperature after a few hours, a single intra-uterine injection was given. As the result was wholly negative, the latter injection was not repeated. The vaginal disinfection was discontinued May 2d and 3d, and repeated at intervals of two hours thereafter.

In proof of the thoroughness with which the sublimate injections were used, I may state that, in addition to the usual local erythema, the patient, during the last few days of her life, developed symptoms of slight mercurial poisoning.

Referring to the admirable paper recently presented to the society by Dr. Tallon on the use of "Mercuric Bichlorid in the Treatment of Diphtheria," it will be of interest to note before leaving this case that the vaginal exudate developed and grew apace on a mucous membrane almost constantly bathed in a 1-to-1,000 bichlorid solution.

The treatment other than antiseptic has been omitted, as it has no interest in connection with the present object.

As will be inferred from the history, the last case was one of pyæmia. On autopsy, minute abscesses were found in the kidneys and spleen, and large ulcerated patches on the mucous surface of the colon near its cæcal end. Peritonæum healthy. Uterine involution normal for the period. A fibroid of the size of a walnut was found in the interior wall of the uterus nearly under the peritonæum, and behind the fibroid was a cavity containing ichorous, foul-smelling pus. Vaginal false membrane as above described.

To recapitulate the facts bearing on the present question, the sublimated vaginal injection was given in two of the cases at the beginning, and in all at the close of labor. After each injection from forty to eighty grains of iodoform were deposited in the vagina. The perineal wounds were sprinkled with iodoform, were a second time irrigated with the bichlorid solution, and were closed with sublimated silk sutures. In a word, in each case the infection occurred despite a carefully ordered vaginal disinfection.

I have therefore been compelled, though reluctantly, to relax my faith in the protective power of local antiseptic measures in the parturient as well as the puerperal patient. They can not be relied on to procure immunity from infection in the presence of septic surroundings. They must not be trusted to remedy the sins or the accidents of uncleanness. An experience such as I have recited goes to emphasize the importance of an aseptic rather than antiseptic management of the patient. The avoidance of infection, as some writer has expressed it, is a better reliance than disinfection. And it is to aid in accomplishing this end, by promoting a cleanly environment, that antiseptics are most valuable in obstetric prophylaxis.

With reference to the use of utero-vaginal injections as a therapeutic resource, the foregoing cases are also instructive. Much as I value the measure, and brilliant as its results often are, there is, I am persuaded, a class of cases which are not at any stage amenable to this method of treatment.—*New York Medical Journal*.

NORMAL PARTURITION ALWAYS PHYSIOLOGICAL.

BY ERNEST PALMER, M.D., BROOKLYN.

Read before the Medical Society of the county of Kings, September 16, 1884.

MR. PRESIDENT AND GENTLEMEN : Fully appreciating my inability to add anything new at this time to the practice of obstetrics, and

with the knowledge that the profession at large have so recently been entertained with the advanced views upon midwifery practice, I have deemed it advisable to make a retrograde step, so to speak, and look a little into the physiology of normal parturition, convinced as I am in my own mind that in the hurry for improvement, so called, in this branch of practice, the truly physiological condition has for the time being been lost sight of and a pathological one substituted.

This, at least, is the interpretation I have arrived at after a somewhat careful study of the writings of the advanced school of obstetricians, and that we are no longer to look upon gestation as a purely physiological process, completed by gradual but well-defined stages of development and elaboration of normal tissues, but as a more or less pathological condition, due to the changes which take place in some of the fluids and solids of the pregnant woman, which nature finds it necessary to alter in quality and quantity to meet the requirements of the developing embryo.

I fail to see the slightest analogy between *normal* parturition and any condition to be met with in the whole range of medicine or surgery; for, while in normal pregnancy there is simply a reproduction of normal structures terminating in the production of a new being which is itself physiological, in medicine and surgery we are at once in the presence of every manner of deviation from the normal or physiological in the treatment of deformity, injury, or disease. Losing sight for the time being of these facts, I believe, led to the inauguration of ante- and post-partum treatment of the lying-in woman with which all are now familiar, and which therefore need not be repeated here in detail; but, the groundwork of this treatment being the anti-septic vaginal douching and medication, it will aid me in illustrating the physiological points of my paper.

Leishman, in his "System of Midwifery," in describing the phenomena of labor, says: "From an early stage of labor the tissues are prepared for their new function by a profuse secretion from the vagina and cervix of a thick, colorless mucus while the parts from which it flows become softer and more cushiony. This discharge, which is occasionally tinged with blood, is frequently mixed with a little semi-solid albuminous masses, *and is very obviously provided by nature* for the purpose of lubricating the parts, and thus facilitating the progress of the fetus along the canal through which it has to pass. Upon the *quantity* of the secretion the ease of the labor undoubtedly depends *in no small degree*, not by its lubricating action, but because its appearance involves

a softening and general preparedness of the tissues dependent upon the unloading of the congested vessels. There is *no sign* upon which, as indicating the probable duration of a case of labor, the accoucheur looks with more confidence than this; and, from a copious secretion and relaxed condition of the parts, he augurs an easy and speedy labor, while from a dry, constricted, and rigid vagina he learns that, in all probability, a lingering and exhausting labor will lead to a tardy delivery."

Here we have described at some length the physiological function of the cervical and vaginal secretions, and the very important part they perform during the act of parturition, as well as the value to be attached to the presence of a free secretion in the vagina, in aiding delivery, brought into strong contrast with what may be expected when there is a diminution in the amount, and yet, with a full knowledge of their importance, we are directed by the antiseptic mid-wife, by frequent syringing of the vagina during the first stage of labor, to wash away these secretions, upon the bare presumption that they may possibly prove a source of septic danger to the mother.

In other words, removing an important physiological factor from a normal delivery to prevent a possible pathological complication.

Labor being completed under the antiseptic method of prophylactic vaginal douching and medication with iodoform, it is at once resorted to, to combat the much-dreaded lochia being absorbed through the denuded uterine muscular tissue or slightly lacerated mucous membrane of the vagina.

Here, again, the stamp of pathology is placed upon a physiological retrograde metamorphosis inaugurated immediately after labor.

Professor Thomas, in his monograph upon the prevention and treatment of puerperal fever, says:

"The uterus, about the two hundred and eightieth day of gestation, contracts and expels the child, then the placenta and membranes, and then closes its empty cavity and rests.

"Let us suppose that in forty-eight hours after delivery a primipara dies of pneumonia, and we are allowed to lay open the genital tract and examine it from the fundus uteri downward.

"Outside all looks well; the uterus is merely much larger than in the non-pregnant state.

"Within, it presents a very different appearance; the whole endometrium, covered over by the grayish, sloughy-looking decidua vera, presents all over its surface an unhealthy, unclean, and diphtheritic look, although free from exudation. Here and there shreds of mem-

brane consisting of small portions of the decidua reflexa, which has become adherent, appear, partially detached and somewhat decomposed.

"At one point the large placental site is seen, raw, irregular, and covered over by minute traces of the placenta and small blood-clots which close the mouth of the uterine sinuses.

"The odor of the opened uterine cavity, the walls of which are thus covered, is disagreeable. The substances mentioned have for forty-eight hours been dislodging themselves, and, mingling with the pinkish fluid which pours like an unhealthy sweat from the placental site, constitute what is called the cleansing or lochial discharge."

Certainly Professor Thomas does not expect us to accept this examination of the uterus, vagina, and lochia of a woman dead from pneumonia, for what really exists in the parts after a purely normal delivery, but, bringing it forth as he does to elucidate one of his reasons for prophylactic treatment in all midwifery cases, I have concluded he infers that the same condition is present after a normal case. In the first place, we might reasonably object to the subject upon whom he made his observations. It is hardly possible that the uterus of a woman dying from pneumonia forty-eight hours after delivery would present the typical post-partum physiological appearances of the uterus; but I will show farther on that what he presents as pathological is simply natural and protective, not pathological or inclined to be destructive, as comparison with the following clearly shows. Professor Dalton, in his article on "Reproduction," Dalton's "Physiology," page 664, in describing the regeneration of the uterus after delivery, says: "A remarkable phenomenon connected with the renovation of the uterine tissue is the appearance in the uterus during pregnancy of a *new mucous membrane* underneath the old, and destined to take the place of the latter after its discharge. If the uterus be examined immediately after parturition, it will be seen that at the spot where the placenta was attached every trace of mucous membrane has disappeared.

"The muscular fibers in this situation are exposed, and the mouths of the ruptured uterine sinuses are also visible, their thin edges hanging into the cavity of the uterus, and their orifices plugged with bloody coagula. Over the rest of the uterine surface the decidua vera has also disappeared.

"Here, however, notwithstanding the loss of the original mucous membrane, the muscular fibers are covered with a semi-transparent film of a whitish color and soft consistence. This film is an imperfect *mucous membrane of new formation, which begins to be produced underneath the decidua vera as early as the beginning of the eighth month.*

"The mucous membrane of the cervix, which takes no part in the formation of the decidua vera, is not thrown off in parturition."

The lochial discharge receives but meagre description at the hands of physiologists, they by courtesy delegating to obstetrical authors the right to more fully present the subject in its direct relation to midwifery practice, and to Leishman we are indebted for the most complete and yet concise description of its origin, course, composition, and physiological function.

Leishman says : "In order to understand the true nature of the lochial discharge it is necessary to consider for a moment the anatomical condition of the parts from which it springs.

"That part of the uterus from which the placenta has been separated was compared by Harvey to the stump of a limb after amputation; but, although the simile has been frequently repeated, physiologists are well aware that it is only to a limited extent correct. The vessels, no doubt, are torn across in the course of the separation of the placenta, but, *with this exception, there is no real breach of tissue, as nature has for many weeks been preparing for the process of separation.* At birth the inter-utero-placental tissue divides into two layers, as was formerly explained, one of these remaining adherent to the uterine wall, along with portions of the decidua serotina. If the womb be examined shortly after delivery, that part of it to which the placenta was attached will be observed to be thicker than the other portions, and projecting somewhat into the cavity of the uterus.

"Upon the surface, which is rugged and unequal, small clots, projecting from the orifices of the closed vessels, and so contributing to their efficient closure, are observed along with shreds of membrane; and over the whole inner surface of the cavity of the organ remains of the decidua vera or of the subjacent textures, from which it has been stripped, are clearly to be made out. The discharge then, which constitutes the lochia is, in the first instance, composed almost of pure blood."

Farther on the same author says : "The lochial discharge has a peculiar odor, sometimes offensive in character, but at no time, if it follows a normal course, is there a purulent discharge, nor is the process in *any way analogous to the suppuration which accompanies the reparative process of a healing stump.*"

Other obstetrical authors devote but little time and space to the description of the lochial discharge, but generally accept it to be due to retrogression, atrophy, and fatty degeneration of the muscular tissue of the uterus, mixed with shreds of decidua, etc.; and one writer (Tyler

Smith) goes so far as to say, in his "Lectures on Obstetrics": "I look upon the exfoliative shedding of the mucous membrane or uterine decidua as in many respects analogous to the change which takes place in the uterine mucous membrane at the catamenial periods, and the lochia and menstrual discharges appear to be essentially the same, except that the lochial fluid is more profuse than the menstrual."

Much more might be said regarding the physiological conditions of parturition, but I believe it will be accepted by my auditors as a fact, that uncomplicated labor is a purely physiological act, for which ample preparation has been made in the system to provide for the increased demand made upon it, and to guard against all the ordinary incidents pertaining to that function. The excess of the fibrin in the blood of the pregnant woman is designed by nature to perform some important duty yet imperfectly understood by physiologists, although many hypothetical theories as to its function have been advanced, and await verification, but nothing, so far as I can find, has been suggested as to the probability that the increased fibrin in the blood of pregnancy may be an important factor in the elimination of effete material from the fœtus, by and through the circulatory system of the mother. This theory seems quite as plausible as any afforded in explanation of the physiological deterioration of the blood in pregnancy, and, I think, is worthy of further investigation.

Nature's hæmostatic is by the coagulation of the blood, and, as it is upon the presence of fibrin in blood that coagulation depends, it seems as though the hyperinosis of pregnancy through the augmented fibrin promoted rapid coagulation of the blood at the mouth of the uterine sinuses and checked undue hemorrhage after the placental delivery.

Nature, in her all-wise provisions for the reproduction of her species, has, with regard to the human uterus, taken timely steps to insure the integrity of the generative tract after delivery.

By referring to the quotation just made from Dalton's "Physiology," we find that, so early as the commencement of the eighth month of gestation, a new mucous membrane has already been formed in the cavity of the uterus, converging and protecting it, except at the site of the placental attachment, while at this point the denuded tissue is covered with a semi-transparent film of soft consistence. To add greater protection to this part, the inter-utero-placental tissue divides into two layers at birth, one of these remaining adherent to the uterine wall, along with portions of the serotina, as already described by Leishman.

Here are two anatomical structures purposely designed to give protection to the cavity of the uterus, and whose presence our antiseptic brethren seem to ignore or to be in ignorance of when describing the dangers of septic absorption through the *denuded* muscular tissue of the womb, a condition which really does not exist in the uterus at any time during parturition.

Sufficient description has been given of the lochial discharge to show that to compare it with a fluid composed of "dead and decaying tissue" is not tenable, not being founded upon well-established physiological data; and no pathologist has so far had the temerity to include it in his index of pathological fluids, where it should certainly be found if composed of morbid tissue.

Agreeing with Tyler Smith in his analogy between the lochial and the menstrual flow, I am confident that the dangers arising from it are more imaginary than real, and that in puerperal septicæmia it is simply one factor, and not the primary cause of the disease.

So far as the liability of communication through the physician, nurse, or surroundings of the patient is concerned, no reasonable person will doubt; but it does not follow that we are to look upon the uterus of the normal patient as a mine in which all sorts of poisons may be generated, to explode at any time.

From the very fact that everything pertaining to the reproductive organs, post partum, is absolutely physiological, the moment we begin to look upon it as a pathological state we are in great danger of interrupting or inhibiting physiological processes by our therapeutic agents designed to prevent possible pathological complications; and the question naturally arises, whether ante-partum syringing of the vagina does not thwart nature's means of lubricating the vagina for the passage of the child by removing the secretions upon the presumption that it may contain a nidus of bacteria which will propagate in the after-coming fluid.

And here let me enter my firm protest against the anti-septic method of conducting normal midwifery cases, upon the ground of its being established upon misconceived theories of pathology, and in direct violation of the physiological laws of reproduction. I condemn it as being unnatural and irrational, and, failing to see the utility of the method, can readily appreciate the dangers that would arise from its universal adoption; and I believe that, at a time not far distant, the pendulum regulating obstetrical practice, now so far over on the side of antiseptis, will swing back and vibrate within the bounds of its physiological sphere.

In conclusion, let me, in the language of Professor Bedford, "urge upon you a profound respect for Nature; her temple is the proper place for the student of midwifery; there it is that she discourses most eloquently, though silently, and the best obstetricians will be those who have worshiped most zealously at her shrine," and I am convinced that your conversion will lead you to believe that normal parturition is always physiological.—*New York Medical Journal*.

PUERPERAL SEPTICÆMIA.

(*Report of a Case in Practice.*)

By J. CAMPBELL, M.D., C.M., L.R.C.P. EDIN., SEAFORTH, ONT.

Read at the Meeting of Canada Medical Association, August 26, 1884.

Mr. President and Gentlemen.—In reporting the following case of puerperal septicæmia which lately occurred in my practice, I do not expect to throw any new light on a subject of which much has yet to be learned, and of which the descriptions in our text-books are so meagre and contradictory; but I hope to provoke a discussion, which, no doubt, considering the men who are present, will dispel much of the darkness and doubt which still enshrouds this difficult and important subject.

Having had four such cases in my own practice, and having seen one in that of a neighbouring practitioner—all of which resulted from the same cause—I had intended reporting them all as concisely as possible in this paper, but found that when one case was reported the article was long enough, and so resolved to postpone the reports of the others "until a more convenient season."

CASE I.—On the 5th of February last was called in haste to attend Mrs. S., aged 32, the mother of three children, her husband saying that she was confined on the floor. Found her sitting in bed holding the child, evidently in a frantic state of mind; calmed her as best we could and removed the placenta, which we found in the vagina.

It seems that she had taken a dose of castor oil, and when the tremendous pain came on—the only one she had—she thought that the medicine was going to operate, so the child was born while she was sitting on the chamber.

Visited her for four days and found everything natural. In consequence of having been called to a case of diphtheria I then discontinued my visits. On the fifth day, while attending another obstetrical case—

which, by the way, made a good recovery—was asked to go and see patient number one, the husband saying that she had been troubled with chills, fever and sweating for the last twenty-four hours.

Found the temperature 104, pulse 120; the woman very nervous and thirsty, but no swelling, pain or tenderness in the abdomen. She complained of frontal headache; the tongue was coated. She occasionally spoke incoherently, and was suffering from prostration. It was evident that an enemy had entered the camp. The question was, how shall we expel him. The case was a puzzling one. Upon digital examination, discovered a bi-lateral laceration of the cervix, and felt certain that we had found the gate through which the enemy had entered the citadel. Next day examined with speculum and sound to ascertain whether there were any supra-vaginal rents extending towards the broad ligaments or in any other directions; likewise if there were any shreds of membrane retained, which could be removed with the uterine forceps. Found no shreds, but proved beyond the shadow of a doubt that there was complete bi-lateral laceration of the cervix; with the lips of the wound presenting an everted and unhealthy appearance. We had now traced the effect back to the cause.

We gave opiates to quiet the system, and large doses of quinine to neutralize the poison and control the fever; while at the same time we used intra-uterine injections of carbolic lotion, with the object of minimizing the amount of poison which might be absorbed,—the nurse being instructed to wash out the vagina between times, to sponge the body with vinegar and water, to give her abundance of fresh air, and to prevent sympathizing and inquisitive old women of both sexes, who are so numerous in Ontario, from entering the house.

At the same time we supported the patient's strength with beef tea, milk, raw eggs, and good liquid nourishment generally.

After about eight days of this treatment, and when we thought we had succeeded in expelling the enemy from the camp, she was suddenly attacked with severe pain in the inner side of the right knee, the pain extending down to the calf of the leg, and accompanied with an aggravation of all the febrile symptoms. My first impression was that our patient was in for multiple abscesses, and that we had now reached "the beginning of the end." The joint became swollen and puffy, and gradually the whole limb swelled up, constituting a well-marked case of phlegmasia dolens plus acute synovitis of the knee-joint. Wishing to settle the point—a very important one—as to whether we had pus in the synovial sac, we tested with a hypodermic syringe, and drew off a small

quantity of somewhat flaky serum. We elevated the limb on pillows, with the knee in a partially flexed position; used at first hot fomentations, then poultices; afterwards small blisters for the leg, tincture of iodine and cotton wool for the knee, and finally bandaging, when the leg began to pit on pressure. The woman was completely helpless, the leg lying where placed, like a log, the pain still being referred principally to the knee. We used the nitra-uterine injections with the fountain syringe until the discharge from the uterus ceased. We had her in our care for over three months. During all this time she was taking such tonics as fer. et. quin. cit., quin. sulph., syr. fer. iodid., and Scott's emulsion of cod-liver oil, with good nutritious diet combined with lactopeptine and abundance of fresh air. We had most trouble with the knee-joint, which remained in a semi-flexed condition long after all the symptoms of the phlegmasia dolens had passed away.

After she got out of bed and was able to walk through the house with the aid of a crutch, she was still unable to bring down the heel. The tendons of the hamstring muscles were tense; the joint itself was somewhat enlarged, and the natural markings were obliterated. The veins could be seen ramifying over the surface, and to the feet there was evident thickening of tissue. Her health was completely restored, and but for the knee she could attend to her household duties. Like a soldier who had gone through the wars, she had marks to prove that she had been, at least, in one severe engagement. We proposed to put her under an anæsthetic and straighten the limb, cutting the contracted tendons if necessary. She preferred, however, to delay; and it has happened all for the best, as she can now bring the heel easily to the ground and walk without the aid of a staff. She is at present able to do all her household work, and this is of some moment, as she is wife of a laboring man.

If we had forcibly extended the limb at the time we proposed, it might have kindled up fresh inflammation, which might have blighted our hopes of future recovery.

We ordered oleate of mercury, to be rubbed well into the joint, and an indiarubber knee-cap to be worn over it; and, at the same time, we advised her to persevere in passive motion and endeavor to bring down the heel as well as she could in walking. Moreover, a holiday of a few weeks in the country among her friends, at this time, was of great service.

Present Condition.—Examined the patient a few days ago. She can flex the knee well on the thigh, but cannot straighten it completely.

The patella is somewhat adherent, but admits of some motion both laterally and vertically, which, I think, can be improved by occasionally moving it as directed. The enlarged veins are no longer seen on the surface, and the natural markings of the joint are beginning to appear again.

Remarks.—1. In reference to the disease, we believe it was a case of pure septicæmia, produced by laceration of the cervix, which latter was caused by the rapidity of the labor and the position which the patient occupied at the time the child was born.

2 The synovitis of the knee-joint and the phlegmasia dolens, we also believe, were both the result of the septic poison which had been absorbed through the raw surface produced by the wound in question.

The synovitis was, of course, out of the usual run of things; but, judging from the analogy which acute rheumatism presents, where we have a poison in the blood producing inflammation of the joints, we may reasonably hold that the inflammation in question was produced by the generally poisoned condition of the blood on this occasion. The phlegmasia dolens, which came on simultaneously with the synovitis, doubtless was caused by the septic poison producing coagula in the veins, thereby causing obstruction resulting in œdema, subsequent involvement of the lymphatics with pressure on the terminal branches of the nerves, complete loss of motor power, with all the train of symptoms which are so well known to exist in this disease, but of which the exact cause or causes, with their subsequent modifications and complications, are so little known.

3. Considering that we had three other cases of septicæmia within a few weeks, and saw one in the practice of a neighbor, all from the same cause, we would infer that laceration of the cervix is a more frequent cause of septicæmia than it gets credit for; hence, it would be well to take means to prevent the occurrence of this accident, in the first place, and make an early examination with speculum and sound for the purpose of diagnosing it when it has happened; in the second place, that the treatment might be early, appropriate and thorough.

4. To prevent laceration of the cervix in those rapid labors, the woman should be told to abstain from bearing down as much as she can; and it is recommended to press back the presenting part and support the cervix until it is fully dilated, so as to allow the head and after-coming shoulders to pass through without tearing it.

5. Finally, in reference to the treatment of this and our other cases, we might say they were all treated, with but slight modifications,

in the same manner, with the exception of one, and in that case we used injections of bichloride of mercury, 1 to 1500, instead of the carbolic, and this was the only one that succumbed.

However, this was a case of instrumental labor in a primipera, who was troubled with albuminuria for sometime previous to confinement, and whose kidneys never acted well after delivery, whose over-anxious but pious friends kept her mind in an almost constant state of perturbation in reference to her future, regardless of her present salvation—a case in which general peritonitis came on as a result of the septicæmia, and put a period to her earthly career on the sixth day after a noble “struggle for existence.” We feel satisfied that all these causes, operating on a delicate constitution, combined to bring about the fatal result; and not the fact that we changed our lotion on this occasion, though we must confess that we still have a weakness for the carbolic as we have for an old coat, an old home, or and old and tried friend.—*Canadian Practitioner*.

FATAL PELVIC HEMORRHAGE FOLLOWING THE USE OF THE ASPIRATOR NEEDLE. *By A. REEVES JACKSON, M. D., Professor of Gynecology in the College of Physicians and Surgeons, of Chicago, etc.*

It is generally thought that the puncture made by the aspirating needle, whether for diagnostic or therapeutic purposes, is free from danger; and it is employed by most surgeons, without hesitation, both to determine the nature of doubtful swellings and to evacuate deep-seated abscesses, cystic collections, etc. The instrument has ever been thrust into an aneurismal sac containing fluid blood without untoward consequences. It is true that death has followed its use in some cases in which it was employed to remove the fluid from ovarian cystomata, and these are the only ones, so far as I am aware, in which a fatal result has been attributed to it.

The following case shows, however, that the instrument is not so entirely safe as is usually supposed, and that even a fatal hemorrhage may follow its employment,

On August 16, I was called to see Mrs. L. E., in consultation, and received the following history: She was about 25 years of age, and had one living child three years old. During the summer of 1883 she had a premature labor, followed by septic fever, from which she perfectly recovered.

In the afternoon of August 8, after suppression of menstruation for three months, she was attacked with severe flooding, fainting, and labor-like pains. Dr. H., the medical attendant, was summoned, and found

the os uteri dilated to the size of a quarter of a dollar. Later, in the evening, the hemorrhage and pains continuing, the vagina was tamponed. At midnight the tampon was removed, and the fetus escaped; leaving the placenta partially protruding from the os uteri. A portion of it was removed by traction, and as much as possible of the remainder was scraped away by means of a dull wire curette. August 10, the patient had a severe chill, followed by headache, fever, and uterine pain. The curette was again used, with the result of bringing away a few shreddy pieces, and the uterus was then injected with Churchill's solution of iodine. From that time onward there was a daily chill, with strongly-marked febrile symptoms, and continuous pelvic pain and tenderness.

On examination, I found general pelvic fullness with heat and great tenderness, especially in the right broad ligament. The uterus was bulky and slightly movable; the os sufficiently open to admit the end of the fingers. Issuing from the latter was an offensive, thin, bloody discharge. She was given morphine, potassic bromide, quinia, etc., and had intra-uterine injections of carbolized water. After two or three days the discharge lost its offensive character, but the inflammatory and febrile manifestations continued.

At this time, a brother of the patient, an accomplished physician, arrived, and took personal charge of her, so that every detail of treatment was assiduously enforced.

On the evening of the 22d I detected a soft spot in the right ligament, about one inch from the uterus. It was decided to introduce the aspirator needle at the place with the hope of finding pus. This was accordingly done under antiseptic precautions. There came into the receiving bottle about a drachm and-a-half of serum, tinged with a little blood. Not feeling satisfied, I withdrew the needle, and re-introduced it, directing its point rather more toward the uterus, with the result of bringing away two or three drachms of pure blood. The needle was then withdrawn, and the vagina syringed with hot carbolized water.

In a few moments the nurse informed me that there was bleeding from the vagina, and on returning to the patient, I found that there had indeed been a loss of two or three ounces of blood. I at once proceeded to tampon the vagina, and the hemorrhage appeared to be checked. As the patient was being lifted to a proper position in bed, after the operation, I observed a peculiar ashy hue overspreading her face, which I attributed to a partial fainting from the raising of her head.

Having an important engagement in the country, and barely time to catch the train. I was obliged, very reluctantly, to leave the patient at this critical juncture, in charge of her brother.

The latter informed me by letter, subsequently, that the blood, bright and arterial in character; to the extent of *two quarts*, continued to flow notwithstanding the presence of the tampon, which he tried to make firm, and that death ensued in less than an hour after the operation.—*Chicago Medical Journal and Examiner*.

SOCIETY PROCEEDINGS.

October 16th, 1884.

A stated meeting of the Arapahoe County Medical Society was held in the office of Dr. S. Cole. The President, Dr. Mavity, being in the chair.

A paper was read by Dr. E. C. Gehrung upon The Treatment of Backward Displacement of the Uterus and of Prolapsus Uteri by the New Method of Shortening the Round Ligament.

On motion of Dr. Hawkins the doctor received a vote of thanks from the Society.

Dr. Hawkins said that this operation, known as Alexander's of Liverpool, Eng., had not as yet been performed in this country. He would not cut the ligament but draw it through in a loop, and stitch up sufficient of it to overcome the slack. This simply leaves the ligaments at their normal length, as the slack was due to an abnormal stretching of the ligaments. If pregnancy did destroy the result the operation could be repeated. Thinks Dr. Gehrung's strictures and criticisms of Alexander's operation, timely. Believes the operation a good one and thinks that the Doctors fears as to the evil consequences will be dispelled when the operation has been further tested, especially by skillful American surgeons.

Dr. Wood thought that during pregnancy the shortened round ligament would elongate enough to prevent mischief and that its physiological restoration to its former length after labor would in many cases preserve the benefits of the operation.

Dr. Hawkins had not heard of any serious results.

Dr. Peaslee asked how much was cut off.

Dr. Gehrung replied that none was cut off but is drawn down into the inguinal canal, and fastened in the wound. He would think, reasoning from the history of similar hernia operations, that it would often be pulled back out of the cicatrix.

Dr. Russell considered the objections of Gehrung well taken; not because of the danger during pregnancy, but that afterward the former state would return. He would confine it to the older cases.

Dr. Gehrung thinks there is a limit to physiological growths, and that

although the whole ligament is capable of stretching during pregnancy it would after growing to a certain extent either rupture or hold the uterus in a displaced position.

Dr. Russell reported the case of a lady aged 41; no children; on third month miscarriage. She had a fixed pain on right side. Menses lasting twelve to fourteen days with profuse flow; uterus enlarged half way to navel; external os open and within the cervix a growth. He seized it with forceps but failed to extract it. It being time for menses he gave ergot and waited. After menstruation found the tumor to be the size of an egg; drew it into the vagina and found it to be a fibroid with narrow pedicle. He twisted it each day and after next flow was going to cut it off, but on examination it had escaped; but he found another tumor attached to the fundus with a large pedicle. This after twisting daily for some weeks he removed with wire ecraseur and presented the specimen before the society.

Dr. Gehrung disapproved of daily stretching and twisting as it might cause sloughing and septicæmia. Would remove at once with knife or scissors, rather than with ecraseur, as the latter was less manageable and there was no danger of troublesome hemorrhage. He recently removed a large fibroid attached to the fundus, working the finger into its substance and drawing it down so he could seize it with forceps and remove it. Found it to contain relics of foetal life. The patient, although a widow for five years, acknowledged to have had intercourse four years since, but not later. She at that time suspected pregnancy, took medicine for abortion, after which she flowed profusely and has ever since gone five or six weeks and then flowed too freely, until now. The removal of the tumor restored her to regular menses.

Dr. Russell reported case. woman aged 43; had three children, youngest 7 or 8 years old. Confined a week ago. Everything normal except that a segment of membrane was missing. These were felt in the os but proved difficult of removal, as the patient was prostrate with quick pulse. He left them and gave ergot. The next day the patient felt well and the membrane could not be found. Still the uterus remained large, and after a few days he called council and passing the hand into the uterus he found an intramural fibroid and attached to it the missing membrane. He asked if it would have been wise to have removed the fibroid.

Dr. Hawkins replied that it would depend upon whether it was intramural or submucous. If the latter, removal would have been good surgery.

Dr. Gehrung would have advised its removal if it was submucous, yet they are often found to disappear after labor. They subject the patient to danger of hemorrhage. Does not think its removal would have increased the danger of blood-poisoning. Would never give ergot until the uterus is emptied.

Dr. Mavity once found a tumor which disappeared after labor and he supposed it to be an uneven contraction of the uterus. He thinks this one may disappear also.

Dr. Gehrung, while admitting the possibility of its disappearance, would have removed it. Uneven contraction could not add to the thickness of the uterus. After a time these tumors cause trouble in most cases.

The application of Drs. Mary B. Bates and Kate C. Bushnell for membership were referred to the committee on membership.

Attest: L. H. WOOD, M. D., Rec. Sec'y.

MEDICAL COLLEGES OF COLORADO.

We understand that physicians outside of the two medical colleges, most of them at least, advise their students and friends to go to some eastern medical college. We do not think this right; in fact we regard it as wrong. This does not make so much difference at present, for all the doctors in Denver are professors except Dr. Blank, and perhaps one or two others, but when the number of doctors increase and those outside of the college equal the number inside, the students will all be converted into asses of the "John Buriden" type. Colorado is a large State and its population is rapidly increasing. It is growing in wealth, and will soon be ready to *roll*. Denver in a few years will and can offer good advantages to students in the way of clinical instruction. There are at present several good didactic teachers in Denver. But the system or plan of conducting a medical college in Denver must before many years prove a failure. The free system in vogue at Boulder is a mistake, but will succeed until there is established a new system in Denver.

There is plenty of wealth in Denver and in the State, the possessors of which would gladly give sufficient to build in Denver one of the finest medical college buildings in the world.

Let twenty-five doctors unite and agree upon a plan of work, and work unitedly, earnestly, and before five years they will have a first-class building and all the advantages necessary to the carrying-on of a medical college of a high order.

BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS OF THE COLORADO STATE MEDICAL SOCIETY. Fourteenth Annual Convention. Held June, 1884, in Denver. A book of 155 pages, gotten up in the best of style. The committee on publication are to be congratulated on the perfection of their work. We have a number of State Society Transactions on our table at this writing, and it is our opinion that Colorado's is superior in every respect, especially in the subject-matter. The Merchant's Publishing Company have reason to be proud of their part of the work.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Sixteenth Annual Session.

LECTURES ON THE PRINCIPLES OF SURGERY. Delivered at Bellevue Hospital Medical College by W. H. Van Buren, M. D., L. L. D. (Yalen). Edited by Lewis A. Stimson, M. D. Published by D. Appleton & Co., 1—5 Bond Street, N. Y. The name of the author is enough. The book will sell. The lectures are good.

THE PHYSICIANS' VISITING LIST FOR 1885. Thirty-third year of its publication. Published by P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

MEDICAL RHYMES—A collection. Rhymes of Ye Ancient Times.
* * * Rhymes to interest, amuse and edify all sorts of followers of Esculapius, selected and compiled from a variety of sources, by Hugo Erichson, M. D., with introduction by Prof. Willis P. King, M. D., of Sedalia, Mo. Illustrated. We have read every poem in this book, and some of them more than once. We sleep better and sounder, not while we read them for we were too much interested and amused. Send to J. H. Chambers & Co., St. Louis, Mo. for a copy.

Third number of Drugs and Medicines of North America. A quarterly devoted to the historical and scientific discussions of the botany etc. of the medical plants of North America, J. U. & C. G. Lloyd, 180 Elm St. Cincinnati, O.

Vin Mariani, Erythroxalon Coca. Its uses in the treatment of diseases. Mariani & Co., 193. 16th St., N. Y.

Mumps as a cause of sudden deafness, by Leartus Connor, A. M., M. D., of Detroit, Mich.

Notes on the treatment of Trachoma, by Jequirity. By Leartus Connor, A. M., M. D.

A clinical study of Syphilis of the eye and its appendages. By Leartus Connor, A. M., M. D.

ALDEN'S LITERARY REVOLUTION. John B. Alden's *Literary Revolution*, though, possibly, not making so large a "noise" in the world as three or four years ago when its remarkable work was *new* to the public, is really making more substantial progress than ever before. A noticeable item is the improved quality of the books issued. GUIZOT's famous "History of France," not sold, till recently, for much less than \$50.00, is put forth in eight small octavo volumes, ranking with the handsomest ever issued from American printing presses, including the 426 full page original illustrations, and is sold for \$7.00. RAWLINSON's celebrated "Seven Great Monarchies of the Ancient Eastern World," is produced in elegant form, with all the maps and illustrations, reduced in price from \$18.00 to \$2.75. These are but representative of an immense list of standard works, ranging in price from *two cents* to nearly \$20.00, which are set forth in a descriptive catalogue of 100 pages, and which is sent free to every applicant. It certainly is worth the cost of a postal card to the publisher, JOHN B. ALDEN, 393 Pearl Street; New York.

"THE BOOK-WORM." A unique, handsome, and delightfully readable little MONTHLY MAGAZINE, containing for the year over 300 pages and many fine pictures, all for 25 cents a year, is a recent characteristic product of *The Literary Revolution*. Each number contains attractive selections from some noted book,—the last presents Prescott's famous chapter on the "Spanish Inquisition." What will interest a vast number of book-buyers will be the regular monthly news of the *Revolution's* progress,—an enterprise that has wrought wonders in the book world. A specimen copy of THE BOOK WORM will be sent free to any address. JOHN B. ALDEN, Publisher, 393 Pearl Street, New York.

OVARIOTOMY.

TO THE EDITOR OF JOURNAL OF AMERICAN MEDICAL ASSOCIATION :

Dear Sir.—In your issue of October 25, you publish a letter from Prof. Donald McLean, of Detroit. In this he corrects his statement of statistics, *made in Washington last May*. At that meeting he said that from Oct. 1, 1883, to May, 1884, he had done *five ovariectomies*, and that all the cases had recovered. He now says that *one* of these cases died. That leaves him then with *five ovariectomies* from Oct. 1, 1883, to May 1884, with *one* death and *four* recoveries. Now, I have in my possession a copy of the death certificate of *another*. She died on the 30th day of January, 1884, at Lansing, Mich. Will Prof. McLean recall this case also?

Very respectfully yours,

R. S. SUTTON.

419 Pennsylvania Avenue, Pittsburgh, Pa.

MISDELLANEOUS NOTES.

THE TREATMENT OF HEMORRHOIDS.—Professor Verneuil recommends cold local applications and mild laxatives in the treatment of slight cases of hemorrhoids. For the more severe cases he employs forced dilation. Hemorrhoids are caused, he says, by a strangulation of the superior mesentric veins which traverse the muscular wall of the rectum. This strangulation give rise to the formation of the venous tumors, precisely as varicose veins are occasioned by constriction from the ring of the soleus muscle. If now the muscular contracture be overcome the venous circulation is restored and the hemorrhoidal tumors disappear. In order to insure success the dilatation should not be attempted with the fingers, but should be accomplished by means of a speculum. By means of this instrumental dilatation the author asserts that hemorrhoids may be radically cured within a week without the use of the knife. *Revue Medicale*, September 13, 1884.

STRICTURE OF THE ŒSOPHAGUS FROM MUSCULAR HYPERTROPHY.—Dr. Ruppert relates to the *Gazeta Lekarska*, No. 17, 1884, the case of a young man who suffered from a gradually increasing stricture of the œsophagus. A diagnosis of carcinoma was made, and gastrotomy was advised. The patient refused to submit to the operation, and died of starvation. At the autopsy it was found that the stricture was caused entirely by hypertrophied muscular tissue. The most careful microscopical examination failed to discover any trace of cancer, the thickened œsophageal walls consisting of connective tissue and muscular fibres in a state of fatty degeneration.

TREATMENT OF TRUE PNEUMONIA BY THE COLD BATH.—Two communications have been recently sent the *Gazette des Hopitaux* by Dr. Chammier, in which he strongly condemns the old treatment of pneumonia by drugs, blisters, emetics, and bleeding. The author claims that statistics prove pneumonia to be more curable without drugs than with them, and that children always recover from pneumonia when drugs are withheld. He used the cold-bath treatment in fourteen children, all of whom recovered. His observations lead him to conclude that there is no danger from the bath in any stage of the disease. He gives a bath of ten minutes' duration, at from 82° to 90°, every two or three hours to an adult, and two or three times a day to a child. Each bath produces a lowering of the temperature of from two to three degrees, of the pulse from ten to thirty-two beats, and of the respiration from six to fourteen per minute. The *bruit de souffle* produced by the fever disappears, dyspnoea is decreased, and there is less thirst. The author is inclined to think that mortality may be lessened by the use of the cold bath, although he

is ready to admit that his own observations concerned such cases only as would doubtless have recovered without treatment.

THE CHOLERA IN EUROPE.—Against the continued decline of the disease in Italy, we have the unsatisfactory news of its prevalence in Paris to an extent that seems to have excited considerable alarm, although perhaps this feeling is in a great degree to be imputed to the discovery that there has been more or less of cholera in the city through the greater part of the summer, but that the fact has been withheld from the public. According to a press dispatch dated Wednesday, there were about fifty deaths a day—certainly not a large number in proportion to the population. There are contradictory reports as to the existence of the disease in Brussels and in Halle.

THE BRIDGEPORT HOSPITAL AND THE FAIRFIELD COUNTY, CONN., MEDICAL SOCIETY.—On Tuesday the new hospital for the city of Bridgeport was inaugurated with appropriate ceremonies, which were blended with the proceedings of the semi-annual meeting of the medical society of the county in which Bridgeport is situated. The programme, which we have already given, was carried out to the satisfaction of those in attendance, including a number of medical men invited from New York and other places in the vicinity.

THE DEATH OF DR. NEUMANN, professor of psychiatry at Breslau, is recorded in our Continental exchanges. He died on the 10th of October, at the age of seventy-one.

A FALSE ACCUSATION has been brought against Dr. J. Fonsagrives by a number of English newspapers, together with one homœopathic medical journal, to the effect that, having witnessed the efficacy of homœopathy and the failure of legitimate medicine in a cholera epidemic, he has become a convert to the homœopathic doctrine. He vigorously repels the slander, in a letter to the editor of the "*Gazette hebdomadaire de medecine et de chirurgie*," stating that he has not seen a single case of cholera during the present outbreak, and that, if he had, he would have treated the disease as any one else of common sense would treat it.

THE GULSTONIAN LECTURE FOR 1885, according to the "*Lancet*," will be delivered by Professor William Osler, of Philadelphia.

THE GLYCERIN PAD PESSARY is the name of a new contrivance described and figured in a recent issue of the "*Lancet*." "*Pessaries*," says our contemporary, "inflated either with air, water, or padded with

moc-main or other substances, after a short period invariably become useless, as air escapes, water evaporates, and padding becomes hard. This invention is intended to obviate these defects; the padded end is filled with glycerin, which *always remain soft* [*mirabilie kictu*], and yet offers sufficient resistance to render the instrument effective."

RECOVERY FROM A PUNCTURED WOUND OF THE HEART.—An old woman, suffering from suicidal mania, was observed one evening to become suddenly pale, falling back upon the bed, with the features convulsed, the pupils widely dilated, and the head rolling rhythmically from side to side. The pulse was very small, almost imperceptible, and there was almost complete paralysis on the left side and paresis on the right. There was also vomiting. On searching for the cause it was found that the patient had stabbed herself with a shawl-pin. The pin had entered the chest at the apex of the heart, and had passed inward and a little downward for a distance of three and one-fourth inches. The instrument was withdrawn, and under the influence of stimulants the heart recovered its normal action. For some time there was dyspnoea, and the patient experienced sharp pains in the precordial region, but at the end of ninety minutes all these symptoms, as well as the paralysis, had disappeared. The patient slept tranquilly that night, and made a perfect recovery.—*Gazette des Hopitaux*, No. 100, 1884.

THE INTERNAL TREATMENT OF BRONCHITIS.—In *The London Practitioner*, September, 1884, Dr. Drummond, of Rome, urges the importance of treatment in those patients who have just passed through an attack of bronchitis, and having no longer any definite complaints are apt to fancy themselves in perfect health. He says truly that the leading points to be observed in the management of the various forms of bronchial inflammation are, as a rule, sufficiently manifest and easy of application, so that when called in to such cases there is little need for hesitation in the choice of remedies. Such periods of attack are, of course, especially at the extremes of life, times of the greatest alarm, anxiety, and pressing danger to the patient, who is apt, however, to think that, when they have passed away, all is well again, and for this reason we commonly lose sight of him until another seizure compels him again to seek our aid. We know, however, that this is very far from being the case; that very often his condition in the interval is very critical; that the latent cause, of which the bronchitis is only a secondary consequence, is still present, that the interval is the period when really curative treatment is available, and is the most important part of the life-history of his disease. As time goes on, if no attempt is made to deal with the diseased

condition to which the bronchitis is due, recurrences are more and more frequent; and if the patient is still exposed to the exciting cause, especially in a variable climate, they come to be taken as a mere matter of course, and serve to mark the winter exactly like the return of snow and fog. The patient is hardly ever well, and becomes habituated to a condition of permanent disablement; his power of resistance to weather changes is diminished, and a barometric sensitiveness to them is developed. In the background, steadily advancing, hidden lessons lurk; and increasing emphysema, heart dilation, lung collapse, interstitial lobular pneumonia, dilation of the bronchi, and other changes progress, slowly but surely sapping the patient's strength, shortening the duration and diminishing the enjoyment of life; so that, although chronic bronchitis is, *per se*, attended with comparatively little danger to life, it none the less originates or aggravates other lesions, with which its clinical history is interwoven, and often in their nature more perilous than itself. As regards the nature of the interval treatment, it must of course vary in different cases, according to the individuality of the patient. General measures, proper hygiene, and such medicines as may tend to improve the patient's constitution are all indicated, and need not be enumerated here.

BLOOD OF THE MOTHER INFLUENCED BY THE SEX OF THE CHILD.—

A writer, in *American Journal of Obstetrics*, says he is persuaded that there probably is a difference, however trifling, in the blood of a pregnant woman carrying a male from that usual in carrying a female. He argues that female conceptions are attended with constipation, which indicates an absorption of fluids into the circulation; and, if the blood contains a large proportion of water in the case of female conception, this might in some measure explain the longer duration of the lochial discharge in such cases. Heaviness of spirits, drowsiness, bad color, indigestion, etc., in pregnant women carrying girls, may be accounted for by the constipation which is found in the mother in such cases.—*New England Medical Monthly*.

A curious case of death from the bite of a pig has been reported in Birmingham. The son of a pork butcher, while playing with a pig, was bitten on the hand. The case was treated at a hospital, but symptoms of blood-poisoning supervened and the patient died. No further details are given; nor does the report mention if the blood-poisoning was regarded as due directly to the bite or was of secondary nature. There is nothing specially dangerous about the bite of a pig, but the explanation of the above case may possibly be found to rest more upon the recognition of the foul habits of the animal occasioning a poisoned wound,

than upon any thing "poisonous" in the pig's bite by itself. A clean pig's bite, in other words, is not dangerous in so far as poisoning the wound is concerned, any more than would be the bite of a man, though it is possible that where the teeth or mouth-secretions are infected in either case mischief might follow.—*Health.*

The article; on the three tonsils, in the last number of the Times should have been credited to the New York Medical Journal. Through a mistake of the printer this was omitted. We regret that such mistakes should occur.

Dr. Eugene C. Gehrung goes back to his old field to work. We regret to lose him. The Doctor without a doubt, is the best informed and most practical and skillful Mechanico-Gynecologist in the United States.

Annals of Surgery, a monthly Journal devoted to Surgical Science and practice, edited by L. S. Pilcher, M. D., of Brooklyn, N. Y., and C. B. Keetley, F. R. C. S., of London, Eng., published simultaneously in St. Louis, Mo., and London, Eng. J. H. Chambers & Co., 405, N. Third Street, are the St. Louis Publishers.

Cut chaff as a filling for mattresses is said to be used by Tannier in the Maternity Hospital. After every individual accouchment the cut chaff is burnt. Instead of the rubber cloth, paper saturated with pitch is used. This also serves for one accouchment only. When this practice is properly appreciated, we think it will be of more value by far than all the bichloride bedstead washing. Especially will this be the case if the professor, as we have little doubt he does, subjects the said chaff to an elevated temperature previous to filling the mattress. We have before thrown out the suggestions that not sufficient attention has been paid to the question of mattresses in cases of prolonged fever.—*Weekly Review.*

OAKUM AS A SURGICAL DRESSING.—For burns and scalds, Dr. Robert Esler regards oakum as invaluable. It may be applied, he says (*Brit. Med. Jour.*, October 4, 1884), to the granulating surface with impunity, and it is more easily detached than almost any other dressing. The healthy effect of this tarry substance, when applied to the mucous membrane of the vagina, is most marked, unhealthy discharges are absorbed, and a tonic effect produced. In cases of prolapse and other displacements of the uterus, when it is difficult or impossible to get pessaries to relieve, you can secure twenty-four hours' respite to your patient by filling the vagina with oakum; and, by dipping your first plug in glycerine,

you gain immensely in cases of subinvolution, from the quantity of fluid extracted from the parts. "To briefly sum up," says Dr. E., "oakum is a clean, handy, healthy and cheap dressing. It is easy of application, and I think it is antiseptic in the sense of forming a barrier to the ingress of germ like bodies to the part to which it is applied. Tar is in itself a good, wholesome agent, a substance of complex composition. It contains creasote, turpentine, paraffin, and eupione, and is obtained by the destructive distillation of *Pinus Sylvestris*. Carbolic acid has largely taken the place of this cruder compound; but Dr. Whitla says that there are virtues possessed by tar which are not equally enjoyed by its more fashionable rivals. In oakum we have a form of tar-dressing which I heartily recommend to those engaged in hospital work."

SPECIMENS FROM A CASE OF CUT THROAT.—To a recent meeting of the Medico-Chirurgical Society of Edinburgh, the president (Dr. Littlejohn) showed the parts from a case of cut throat. It happened in the person of a constable who had been troubled for about six months with insomnia. One morning he got up about four after a restless night. His wife, who was sleeping in another apartment, heard a heavy fall and a deep moan, and going in found her husband lying on the floor and blood flowing from the neck. Strange to say, he was able to articulate, and said he had cut his throat. His larynx was opened into, the epiglottis cut across. No important vessel was wounded, but there must have been considerable hemorrhage. He was taken to the infirmary, but died on the way. The body was taken home after two days, when the widow consented to have a post-mortem performed, the reason for this being that the man was insured, and he (Dr. Littlejohn) was of opinion that if an autopsy revealed cerebral disease, the medical attendant was entitled to give such a certificate of death as would cause even those insurance companies who forfeited the policies of suicides to pay the policy. In this instance, he was glad to say, he found traces of chronic cerebral disease, great adhesions of dura mater to bone, adhesions in arachnoid cavity, a large amount of sub-arachnoid fluid, and roughness of the internal surface of the cranium, justifying him in giving a certificate of chronic cerebral disease with a wound in the neck, which was available in procuring the insurance money.

RUPTURE OF THE SIGMOIDAL FLEXURE DURING BIRTH.—In the *Wien, Med. Blätter*, 1884, No. 22 and 23, Dr. Ed. Zillner reports four cases of new-born children, that had survived up to fifteen hours, and where the sigmoidal flexure was found to be torn. The tear was nearly an inch long, the margins of the wound were swollen, and signs of peritonitis were noted. The place was too high up for the nozzle of a syr-

inge to have reached it, and no force used in the extraction of any of the children could have possibly caused the rupture of the intestines. Dr. Z. tries to explain the accident by contending that the parts of the mother exert a pressure upon the abdominal wall of the child, and fixate the sigmoidal flexure, which is filled with meconium and forced backwards into the pelvis. In case the pressure increases to such a degree, that the testines are immovably compressed between the lumbar part of the spine and the abdominal wall, the meconium can neither pass to the descending colon nor escape into the rectum, and in such a case but a slight increase of pressure suffices to cause a rupture of that part of the bowels. Z. has demonstrated the possibility of inducing the rupture in this manner upon a number of dead bodies of infants.

THE DENVER MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

JANUARY, 1885.

LOCAL ANÆSTHETIC.

COCAINE.

BY FLAVEL B. TIFFANY, M. D., PROF. OF OPHTHALMOLOGY, OTOTOLOGY AND HISTOLOGY, IN THE UNIVERSITY OF KANSAS CITY.

Cocaine the local anæsthetic which is now engaging the attention of the medical profession throughout Europe and America, is an alkaloid of the the erythroxyton Coca. For nearly 30 years the natives of Peru, the country in which the shrub is indigenous, have used the leaves of the plant as an exhilarant and a property of greater power of endurance. Scientific knowledge of the power of this drug dates only one year back. The Germans first employed it in the examination and treatment of the pharynx, larynx and postnares. To Dr. Koller, student at Vienna, belongs the honor of discovering this boon in ophthalmic surgery. He communicated this discovery to Dr. Brettner of Trieste who demonstrated its magic power before the last ophthalmological congress of Heidelberg. It was first introduced to the United States Oct. 11, by our distinguished confrere H. D. Noyes, who witnessed the experiments at Heidelberg. Since that time a little more than two months all the prominent members of the profession here have been on the quiver to test the power of this drug to the utmost. Dr. Agnew, Knapp and others have given reports of several cases of major and minor operations upon the

eye in which its efficacy as a local anæsthetic is thoroughly proven. Dr. William Oliver Moore, and more recently others, have tested its therapeutic effect with good results in inflammation and ulceration of the cornea and conjunctiva.

Last Tuesday, November 18, I used a two per cent. solution of the Hydrochlorate of Cocaine upon a man 67 years of age, for the extraction of a cataract. I made a preliminary application in the morning that I might observe its action; in about three minutes after an instillation of three drops, there was nearly complete anaesthesia of both the ocular and palpebral conjunctiva, so that I was able to press my finger nail over the ball of the eye without the least discomfort to the patient. The anaesthetic passed off in about 30 minutes, leaving no irritation of the conjunctiva. In the afternoon of the same day at the Sisters' Hospital, I used the same per cent. solution increasing the number of drops, and in about three minutes the eye was completely benumbed. The patient passed his finger over his eye and said that there was no feeling there. "Doctor you could gouge my eye out then if you wanted to and I should not feel it." I then made Von Graefe Modified Linear extraction without the least pain to the patient. And up to the present time, Nov. 28, now ten days since the operation, there has been no pain of the eye nor swelling of the lids and scarcely a trace of discharge from the conjunctiva. On Monday the 24th inst., I again employed it in the same operation upon a man aged 79, with equally happy results. On the day following the first operation Nov. 19th Dr. Von Quost of this city experimented with me upon a Guinea-pig with the following results: At 11 a. m. we injected hyperdermically $\frac{1}{2}$ mim. of a 2 per cent. solution; in three minutes there was slight dilatation of the pupils accompanied by a general muscular exhilaration, five minutes later we injected another $\frac{1}{2}$ mim. with no increased effect, then we used 3 mims. without diminution of sensibility, in 20 minutes from the first injection, I increased 5 mims. more which occasioned complete loss of sensibility. We could now pass the hyperdermic needle through the foot, ears, tongue or fold of the skin without eliciting the slightest sign of pain or discomfort, whereas before the last injection the pig would squeal piteously whenever the needle entered his skin. During the entire experiments there was apparently no loss of consciousness or power of co-ordination, up to now (Nov. 28,) the pig has experienced no discomfort from the experiment. We gather from this that Cocaine may be a boon to animals in vivisection. Nov. 20, I used the same solution hyperdermically upon myself, several patients, and some physicians with the following general results.

With from 5 to 12 mims. injected in the forearm, there was almost immediately produced a prickling sensation, as of ants running over the skin and a slight numbness of the forearm and complete anæsthesia within a space of one inch from the point of injection. There was some slight exhilaration, a free respiration and slightly flushed cheeks, I have within the last few days employed this agent in subduing photophobia and find it, so far beneficial. I employed it also in a case of eczema of the external meatus, where there was intolerable itching, with good effect. It also acts like magic in subduing the pain of acute inflammation of the middle ear. It is also useful in reducing the sensibility of the schneiderian membrane before introducing the eustachian catheter. Cocaine has also been employed in the treatment of hemorrhoids, in inflamed and ulcerated cervix uteri, in removing polypi of the nose and ear with happy effect in all. A stronger solution however, than 2 per cent. seems to be indicated for other operations than those upon the mucous membrane.

1044, Main street, Kansas City, Mo., November 29, 1884.

NOTES ON THE HYDROCHLORATE OF COCAINE. REPORT OF CASES AND EXPERIMENTS,

By THOMAS H. HAWKINS, M. D., DENVER.

Cocaine the new anaesthetic is attracting and holding the attention of the medical profession at present and it would not, I trust, therefore, be out of place or fail of interest, for me to bring this subject before the readers of the TIMES for their consideration and discussion. Every new drug or remedy must be tested by experimentation. Much is claimed for some of them at the outset by their enthusiastic admirers, discoverers and advocates, which, when they are weighed in the balance or scales of the calmer members of the profession are proven to be worthless exaggerations. Hydrochlorate of Cocaine or Erythroxyline was, so far as known, first discovered by Dr. Samuel R. Percy of N. Y. in 1857.

On Dec. 2nd 1857, Dr. Percy exhibited before the Academy of medicine a scruple of an alkaloid of the coca leaves and he gave to it the name of hydrochlorate of erythroxyline and at this time he spoke of the benumbing and paralyzing effect of the drug upon the tongue, thus announcing the anæsthetic properties of the drug. He said that, the term cocaine is not a correct one, as it is apt to lead one to suppose that it is a product from the cocoa berry. He claims the discovery for America, and thinks the American surgeons should adopt the more correct name, Erythroxyline. It was not, until Dr. Koller announced his discovery at a recent

meeting of the Royal Society of Physicians of Vienna, that the drug attracted any special attention. He began his experiments upon animals in the laboratory of Professor Stricker. Later he tried it upon the human eye, with the results already known, using a two per cent. solution. Drs. Noyes and Agnew, of N. Y., were among the first to experiment with it in this country.

It is used at present by many oculists in this country, to produce anæsthesia of the conjunctiva, thereby enabling them to perform most of the surgical operations upon the eye, without the use of ether or chloroform, a saving of time, trouble and expense, likewise, avoiding the well known dangers of ether and chloroform.

Dr. W. Oliver Moore, of N. Y. says, that in eye surgery, Cocaine is six times cheaper than ether.

The drug has also been used in surgical operations about the ear, throat, nose and larynx, and Dr. F. H. Bosworth, of N. Y., claims to have made a discovery of a new therapeutic use, while using a two per cent. solution upon the mucous membrane of the nose: He says, (N. Y. Med. Record, Nov. 1884,) "When the solution is applied to the mucous membrane of the *nasal cavity*, it is followed in about thirty or forty seconds, by a very notable contraction in the venous sinuses underlying the part which it reaches, and if the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly contracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures, which then become visible in absolute outlines." He continued his experiments in a number of cases, something over forty in all and the result produced was the same in every instance. "Every drop of blood was expelled from the erectile tissue in each case." The effect was manifest in a few seconds. Complete depletion of the sinuses being accomplished in about three minutes. The production of complete anæsthesia requiring a little longer time.

There is no other drug that can be depended on to produce this result. Dr. Bosworth experimented with Cocaine in a number of diseases, namely: After the use of caustics or other destructive agents in the treatment of nasal catarrh the result of hypertrophy of the nasal mucous membrane. It is a well known fact, that caustics applied to the mucous membrane of the nose causes intense turgescence of the venous sinuses, giving rise to much distress and pain, but the Dr. says, by gently bathing the swollen parts with Cocaine the turgescence subsides permanently and cauterization is accomplished without pain or subsequent discom-

fort. Dr. Bosworth tried it in several cases of acute coryza or the ordinary cold in the head, and relieved and broke up the attack in about fifteen or twenty minutes. Also used it in the removal of nasal polypus, emptying the sinuses, relieving the swelling, producing anaesthesia, he could operate with both comfort to himself and the patient. He has, also, used it in hay-fever with good results.

Dr. Bosworth concludes, as follows: "First, to control the exacerbations of hay-fever. Second, to relieve the most distressing symptoms of an acute coryza, and curtail its duration. Third, to control the painful and distressing reaction which results from the use of caustics or instruments in the nasal cavity. Fourth, to completely empty the venous sinuses of the nasal mucous membrane, and thereby afford a thorough ocular inspection of the cavities. Fifth, to largely eliminate from our minor operations in the nasal cavities, the troublesome hemorrhage which so often occurs, and to control epistaxis from whatever nature." To further satisfy myself on some points, on Nov. 1st I sent to McKesson & Robbins for a four per cent. solution, but owing to the scarcity of the article, I did not receive it until Nov. 10th, and made the following tests:

CASE I. Young man about twenty-five, had a very small and exceedingly sensitive meatus, so very sensitive that he would scarcely permit me to touch it with a sound. Three applications with the four per cent. solution, four minutes apart, made by means of a pledgett of cotton on a probe, inserted in the urethra, produced complete anaesthesia and the meatus was incised without the patient experiencing the slightest pain.

CASE II. Male, age about 30, suffering from severe acute coryza, was brought to my office by Dr. Tibbitts to test the effects of Cocaine. We did not have enough of the solution to experiment on both nostrils, so we confined our operations to the left with the same results as described by Dr. Bosworth.

I have experimented on several cases suffering from nasal troubles with results tending to prove the correctness of Dr. Bosworth's conclusions.

The following five cases I observed with Dr. W. F. Wilson, of this city.

CASE I. Young man, with piece of emery deeply imbedded in the cornea. A few drops of a four per cent. solution was placed in the eye. At the expiration of five minutes a few drops more was used. Five minutes later the piece was removed with no pain whatever.

CASE II. Male, aged 56, eye was injured months ago by a piece of

gun cap lodging in the cornea. Case treated one month by another Dr. and removal of a piece of gun cap attempted without success. It then came under Dr. Wilson's care, cap removed. The cornea was staphylo-matous with prolapse of iris in wound. Under use of eserine sulphate and bandage, eye recovered with a deep opacity covering about $\frac{3}{4}$ of the cornea on under and lower side. Four per cent solution was used, repeated every five minutes for twenty minutes. Corne-oscleral incision was made on outer side, a few more drops used and then iridectomy performed. The only pain complained of was caused by the presence of the speculum.

This case was peculiarly adapted for testing the merits of the drug. Owing to the fact that inflammation had caused adhesion of iris to corneal cicatrix so as to make it difficult to grasp iris with forcep.

CASE III. Female, aged 43. *Ptyrigium*. Had been operated upon twice previously with partial success, the last time by Dr. Wilson. At this time ether was refused. She suffered greatly and caused considerable disturbance. The four per cent. was used, repeated three times with an interval of ten minutes between 1st and 2nd use, and only complaint as in the other from use of speculum. Nor was the globe moved during the operation. A few moments after operation, undertook to remove a small fragment remaining, this caused slight pain, showing that the effect was passing off.

CASE IV. Man aged 45. Scaly formation on the upper anterior part of membrani Tympani. It was so sensitive as to cause fainting on attempting its removal. On day following used four per cent. solution, placing a few drops in the ear with only partial success in removal of pain. On the day after placed five or six drops in and allowed it to remain in contact with drum head, for fifteen or twenty minutes. Formation was then removed with no pain.

CASE V. Male, aged 22. Convergent strabismus of left eye. Several drops of the four per cent. solution, placed in eye, repeated four times every five minutes, only a very slight pain experienced. Drops used several times during operation.

HYDROCHLORATE OF COCAINE, IN GYNECOLOGY, WITH REPORT OF CASES,

BY THOMAS H. HAWKINS, DENVER.

Dr. Polk of New York, in a recent number of the *Medical Record*, reports two cases of trachelorrhaphy in which he tried the application of Cocaine as a local anæsthetic and succeeded in performing the operation without pain to the patient.

So far as I have been able in my reading to discover these are the only reported cases in which Cocaine has been tested in Gynecology. Having a patient with a very sensitive cervix on whom I was making intra uterine applications and in order to do so was compelled to steady the uterus by means of the tenaculum, causing her such intense pain that she refused to have further treatment. Thinking an application of Cocaine might overcome this difficulty, concluded to give it a trial. Painting the cervix with a four per cent solution three times, four minutes apart, and placing a small pledgett of cotton in the cervix saturated with the solution, allowing it to remain about four minutes, I was enabled to steady the uterus by means of the tenaculum or volsella without the patient being conscious of the slightest pain.

CASE II. Married lady, never had had any children; anteflexion, with dismenorrhea. Cervix prepared as above except that I used more freely of the four per cent solution. Performed Goodell's operation, or rapid dilatation of the cervix, with but slight pain,

CASE III, Same as the above, except that there was absolutely no pain.

CASE IV, Married lady, age 36, one child, three or four miscarriages, with a very extensive lacerated cervix. Has had repeated attacks of pelvic cellulitis, the uterus being fixed from old adhesions. The cervix was very much hypertrophied and exceedingly vascular, bleeding on the slightest touch. The posterior lip presenting what was feared to be the beginning of a malignant trouble. Large pledgetts of cotton, well saturated with the four per cent, solution, was pushed well up into the cervix and allowed to remain ten minutes, when it was removed and a second piece introduced and left in the same length of time. During this twenty minutes the cervix and vagina were thoroughly brushed three or four times with the same solution. A large flap of the posterior lip was removed, the anterior thoroughly pared. Large V shaped pieces were removed from the angles; and five or six silver sutures were introduced. The uterus because of the adhesions was operated upon *in situ*, The hemorrhage was profuse and troublesome, making the operation tedious. In length, about eighty minutes. At the end of the first thirty five or forty minutes, some pain was complained of and the application was repeated. But this was the only pain complained of except at the last suture, when she felt the prick of the needle. There were no unpleasant effects from the Cocaine and the patient has never experienced the slightest pain since the operation ten days ago. No elevation of temperature nor exhilaration of the pulse.

COMPOUND FRACTURE OF THE PUBIC ARCH,*

BY DR. W. M. FAY, DENVER.

The case that I wish to report, occurred in my practice during the past summer and was of unusual interest. It was a case of compound fracture of the horizontal ramus of the pubis of the left side, and a simple fracture of the right femur at the junction of the middle with the upper third. On the evening of the 29th of May, I was called to the house of Mr. S., some six miles in the country, to attend his son Guy, a lad of about eleven years of age, who had received an injury when at play on one of the banks of Cherry Creek. My friend, Dr. A. J. Russell, kindly consented to accompany me. We found the little patient suffering from shock and almost pulseless, coldness of the extremities, lips bloodless and also that he had been vomiting and that blood was mixed with the ejecta.

After removing his clothes which were filled with dirt we found the above mentioned injuries.

The boy it seems was undermining a bank about ten feet high, with an old case knife, when it caved in covering him, all but his head, with a mass of dirt. There he was found in a doubled up position and was carried to the house. We saw him three hours after the accident. It was evident the boy was suffering from shock and very weak, every movement of the injured parts causing him great pain. Before attempting to reduce the fracture or dress the wound we administered 1-12 of a grain of sulphate of morphia, with a teaspoonful of brandy diluted, hyperdermically, and it had a most beneficial effect, causing a reaction and controlling the pain. After a sponge bath exposing only a portion of the body at a time, we examined the fracture of the pubic bone and found a deep gash six inches in length, extending diagonally from above downwards and inwards, striking the body or horizontal ramus of the pubis near its junction with the descending ramus, two inches of the gash being above and four below the fractured bone. The wound was carefully cleansed, a great deal of dirt having penetrated the opening and a more careful examination revealed the fractured bone, but we failed to find any wound or laceration of the peritoneum, although we could distinctly feel the outlines of the bladder and the lower border of the peritoneum.

After cleansing thoroughly with a carbolized solution, this wound was closed with sutures and a drainage tube inserted. The bones were

*Paper read before the Arapahoe County Medical Society.

then brought into apposition by a tightly drawn abdominal and hip bandage. The fracture of the femur was then reduced and the Ahl thigh splints, small size, padded with a little cotton, was applied at the seat of fracture.

(The Ahl splint with which you are no doubt, all familiar, is a felt splint and can be adapted to any part to fit the contour of the limb, by first allowing it to remain in hot water from five to ten minutes.)

The limb was then bandaged with a nicely fitting roller from the toes to the hip, the bandage passing over the splints. There was a question about using cotton to line the splint, but we concluded it would be best as we were liable to have swelling, and as the distance was six miles from town, he would have no more professional attendance until the next day. This splint fitted so perfectly that it was used throughout and no plaster dressing applied, we used the long splint and perineal band. In two days I put on a four pound weight, gradually increasing it to five pounds, and elevating the foot of the bed to produce counterextension. I got perfect union, correct line with less than half an inch shortening and he has now perfect use of his limb. That night we left our little patient asleep and apparently doing well. The next morning, May 30th I found no symptoms of shock. He had reacted nicely and was progressing finely.

Gave prescription containing bromide and small doses of morphia to control his nervousness and directed an exclusively liquid diet.

The next day, May 31st his mother who acted as nurse reported him resting comfortably and I did not see the patient.

The next day, June 1st was called suddenly to the bedside of my patient, having received word that he was in a dying condition. I found the little fellow suffering from paralysis of the bladder with extreme distention. As I had no catheter small enough, and as I wished if possible to stimulate the bladder rather than empty with a catheter; I ordered hot turpentine fomentations.

After waiting two hours, during which time we kept up our fomentations as well as irrigation of the abdominal wound for fifteen minutes with a warm carbolized solution, the bladder was relieved. After this we were careful not to have over distention and the bladder was relieved by the hot fomentations and irrigations when necessary. The abdominal wound was thoroughly cleansed three times during the twenty-four hours with warm carbolized water by means of a fountain syringe.

There was an abundant formation of pus and I thought to relieve it by the use of the bi-chloride solution one part to one thousand, but I

found the discharge to increase rather than to diminish, when I exchanged again to carbolic acid the discharge decreased and consequently I used the carbolized washes to the end.

The wound healed by first intention except where the drainage tube was inserted and over the seat of fracture.

These remained open for seven or eight weeks and I have here a piece of bone evidently a spicula from the fractured pubis that worked out after the partially closed opening during the eighth week, and after my patient was up I used external antiseptic dressings. I kept the abdominal bandage as tight as possible and accomplished an excellent result with complete union. The wound is entirely closed and all is well.

On the fourth day after the injury symptoms of peritonitis were developed but the tenderness was confined to the left side near the upper part of the wound. The temperature never went above $103\frac{1}{2}^{\circ}$ F. and the peritonitis was controlled with one half grain doses of opium combined with minute doses of ipecac sufficiently frequent to control the pain. After the lapse of several days there was extreme redness with swelling and tenderness accompanied by pain surrounding the lower part of the wound and extending three or four inches down the inner and anterior aspect of the thigh. I applied compound tincture of iodine to the parts until it produced a slight irritation. I persevered with the carbolized washes and ordered flaxseed poultices if the tenderness and swelling did not subside, also ordered Gross' mixture of muriate tincture of iron with quinine. After a few days these symptoms disappeared.

The opening was evidently caused by the knife being drawn into the parts as the wound was clean cut, and probably caused by some sharp instrument.

Sir Astly Cooper has shown that when the opening is above the peritoneum, a fatal termination follows from peritonitis, but where it is below this membrane in the cellular tissue of the pelvis, recovery is possible, though abscesses and sloughing may be anticipated.

In speaking of fractures of the pubis, Dr. Agnew states that "The rami of the bone are the portions most commonly broken, and the great danger attending the accident is from the liability of the bladder to be wounded by the displaced spiculae or splinters of bone."

In the case cited we have the conditions as given by Dr. Agnew: The fracture of the horizontal ramis of the pubis and the splintering of the bone, a spicula of which I have shown you, but we had, fortunately, no penetration of the bladder. Had we had puncture or laceration of the bladder, death would probably have followed, as Agnew further says:

"In one half of the fatal cases analyzed by Lyon, urinary infiltration was the cause of death."

THE HYDROCHLORATE OF COCAINE IN GENITO-URINARY PROCEDURES.

By FESSENDEN N. OTIS, M. D.

My attention was first attracted to the probable value of the hydrochlorate of cocaine in genito-urinary troubles by my friend, Professor C. R. Agnew, who gave me an early account of his gratifying success in operations on the eye (subsequently published) and also kindly gave me sufficient of the two per-cent. solution to try its effect on the mucous membrane of the urinary passages. Before a suitable case presented I received a note, November 6th, from Professor R. W. Pease, of Syracuse, giving me an account of his use in the urethra of a four-per-cent. solution in an operation for stricture an inch and a half back of the meatus on the day previous. "About twenty drops were used with a common dropper, stopping the progress of the solution backward by holding my finger on the urethra back of the stricture, and retaining it in the canal about eight minutes. The sensation was about nil. I ought to have retained it fifteen, and I think then the success would have been complete.....I have used the cocaine in a sensitive urethra, when catheterization was very painful, with charming results." He concludes: "I make no doubt in this new agent we have something that will entirely take the place of ether in all operations on the penile portion of the urethra." On the day following (November 7th), I dropped a few drops of the two-per-cent. solution received from Dr. Agnew into the first inch of a very sensitive urethra, holding it in ten minutes. I dilated the orifice from 27 mm. to 31 mm. preparatory to an operation for litholapaxy, which was to be done on the following day, and I did not wish to incise. The patient was very hyperæsthetic, but gave not the least evidence of pain during the operation. November 11th Dr. Coonley, of Staten Island, called with a patient suffering agony from frequent and difficult micturition. A stone in the bladder was suspected, but the doctor said it was impossible, and that intense pain was caused by the attempted introduction of instruments to get a satisfactory examination, and the patient was averse to the use of ether. He was obliged to urinate before anything was done, and it was at least five minutes, after passing a few drachms of urine, before the vesical tenesmus was fairly over. I then injected, with an ordinary penis-syringe, about fifteen drops of the solution given me by Dr. Agnew, and pressed it back into

the urethra as far as possible. The patient retained it by pressure at the orifice for ten minutes. This was repeated, and at the end of the second ten minutes I introduced and passed a silver searcher (Thompson's) through the urethra (detecting a scale of calculous material *en route*) and into the bladder, without causing the least pain. I struck a stone in the bladder. I then took a large-sized Thompson's lithotrite and introduced it with some difficulty through the preputial orifice, which was not only contracted, but adherent to the orifice of the urethra. There were also two bands of stricture within the first inch of the canal, which impeded the progress of the lithotrite. By a little perseverance, however, I passed by these obstructions and carried the instrument into the bladder, grasped a stone of a diameter of one inch, and while holding it, struck another stone, thus demonstrating the presence of at least two stones.

I then disengaged the lithotrite and withdrew it, tightly hugged in the anterior part of the canal. The patient stated, with great uncton, that he felt not the slightest pain during the entire procedure. I then divided the preputial orifice freely, also the meatus and the strictures previously mentioned with a straight, blunt bistoury. Not the least flinching or sign of pain was observed, and the patient stated that he felt only a slight twinge when the second stricture was cut. This was fully ten minutes after the second introduction of the cocaine.

Delighted with the success in producing perfect local anæsthesia in this case, I immediately determined to use it in a case of hyperæsthetic urethra, associated with enlarged prostate, where, on account of the intolerance of the urethra to any sort of interference, the introduction of the catheter for emptying and washing of the bladder had been entirely suspended for several weeks. I had quite used up the solution given me by Dr. Agnew, and the leading drug-stores could not furnish it. I at last succeeded in getting half an ounce of a two-per-cent. solution. The patient (who was also a professional friend) was most anxious to have it tried, and was full of hope that this would enable him to have the necessary catheterization performed. The great dread of any interference made him insist that the solution should be introduced very slowly and gradually. It was fortunate that he did so, for, when not more than three or four drops were injected into the urethra, he became almost frantic with pain, and it was only after half an hour that the intense suffering caused by the injection passed entirely off. The action of this two-per cent. solution, presumably of the same kind as that used in the previous case, made me fear that, as with other anæsthetics, there were idio-

syncrasies in some persons that would contra-indicate its use. On making inquiry, I ascertained that there had been a number of cases met with where, a four-per-cent. solution of hydrochlorate of cocaine being used in the eye, a period of thirty or forty seconds of quite sharp irritation preceded the anæsthetic effect, and, also, that at least one case of sharp urethritis had been directly caused by its application to the urethra. On making close inquiry, I at last ascertained that the druggist from whom I obtained the solution, having none of the hydrochlorate on hand, *had dissolved the alkaloid in hydrochloric acid* and had used this extemporaneous hydrochlorate for my solution.* Having soon the good fortune to obtain a small bottle of Merck's crystals of the hydrochlorate of cocaine, I made a two-per-cent. solution with distilled water, in which two per cent, of bichlorate of sodium had been dissolved, and on a second trial in the same case, where so much suffering was caused through the impurity of the solution, I succeeded in applying it to the urethra, as in the previous case, and in passing a catheter, drawing off the urine and washing out the bladder without the least pain. On Thursday last, November 20th, in my clinique at the College of Physicians and Surgeons, I introduced a similar solution into a very sensitive urethra associated with senile hypertrophy of the prostate. A preliminary attempt to pass a catheter caused manifest pain. After the retention of the four-per-cent. solution of hydrochlorate of cocaine for ten minutes in the urethra, the catheter was passed through the urethra, and subsequently the bladder was examined for stone, and not the least complaint of pain in the urethra was made.

On the 23d inst., I introduced a four-per-cent. solution into a fairly tolerant urethra to a depth of four inches, and retained it ten minutes. I then divided with my dilating urethrotome a dense stricture half an inch broad and five millimetres thick without the least shrinking on the part of the patient, who stated that he had only the feeling of distension, and not the slightest sense of pain during or subsequent to the operation. I have made several experiments since, and find that the best mode of introducing the cocaine solution for relief of irritable urethra, especially when associated with prostatic trouble, is to attach a tight-fitting half ounce penis-syringe to an open-end rubber catheter of eighteen or twenty mm. in circumference. After pouring the solution into a small graduate, draw a sufficient quantity up into the catheter. Introduce it for a

* I subsequently tasted the cork of the phial containing the solution, and found that a sharp stinging sensation quickly followed, and continued to be felt for ten or fifteen minutes. On applying Merck's four-per-cent. solution of cocaine to my tongue, in the same way, only a slight furry feeling was produced, reminding me of a weak solution of aconite.

half-inch, or until the patient complains of pain, then press down the piston, gradually driving a few drops in advance of the catheter, rubbing it along with the finger, waiting for three or five minutes, then passing it down about two inches farther, and repeating the process of coaxing the fluid back until finally the end of the catheter enters the bladder, consuming altogether about fifteen minutes.

It will, I think, be proved that the greatest good will come from the use of the cocaine in the cases of irritability of the deep urethra associated with prostatic disease. In these cases the passage of a catheter, so essential to the comfort and even the life of the patient, is frequently rendered painful, and not rarely impossible, by spasm of the deep urethra. The use of cocaine promises quickly to reduce both the pain and the spasm, and allow of the easy passage of the instrument, and this, too, by a procedure quite within the province of an intelligent patient to use after proper instruction. A four-per-cent. solution of the hydrochlorate of cocaine in almond-oil makes an excellent lubricant for urethral instruments, and I think may prove even better than the watery solution for applications to the urethra. Its use in this way, in a few cases, has been very satisfactory.

The value of the solution of hydrochlorate of cocaine will be equally found in examinations of and operations upon the irritable anus and rectum. Yesterday I had occasion to examine a case of deep and irritable ulcer involving the tissues around the anus fully three inches in circumference to a depth of fully half an inch, and extending inward an inch or more beyond the margin of the external sphincter. The patient was an old woman of sixty, who had been worn to the last degree of irritability by nearly two months of suffering. After painting the surface of the ulcer with a four per cent. solution for ten minutes, I then introduced a bivalve speculum and exposed the whole inner surface, and cauterized it thoroughly, without the least expression of pain from the patient.

108 West Thirty-fourth Street, November 29, 1884.

—*N. Y. Medical Journal.*

NOTES UPON MEDICAL PROGRESS.

BY L. H. WOOD, M. D., DENVER, COL.

THE APPROACH OF THE CHOLERA AND THE NECESSITY OF BACTERIOSCOPY.

Dr. Edmund C. Wendt (*The Medical Record*, Nov. 29, 1884), calls attention to the probability of cholera being carried across the ocean to

our own shores, most authorities confidently anticipating its approach next year, and to the importance of our taking efficient action in the matter while there is yet time.

As has been pointed out by Sanitary Engineer Wingate in a leading daily "No one who is at all familiar with the sanitary condition of New York City can doubt that if the plague once gains an entrance into the metropolis, it will find many nesting places among the dives and slums in certain quarters, whence its baleful influence will spread far and wide."

At present "it is more important than ever before that the people of this city should live under the best sanitary conditions."

In the *London Practitioner* for Nov. '84, there appears a careful report of the present cholera epidemic in Continental Europe, which shows conclusively that the secret of success in carrying into effect the system of medical inspection and isolation is to be prepared beforehand, and it is impossible to urge too strongly upon local authorities, whether on the coast or inland, the adoption of such an organization and the establishment of such means of isolation as shall enable them to deal with imported infection in its earliest stage.

The local conditions which would enable cholera, if imported, to spread its infection in any country, are conditions which day by day, in the absence of cholera, create and spread other diseases; diseases which, being never absent from the country, are in the long run far more destructive than cholera itself. Hence such sanitary improvements as would justify a sense of security against the importation of cholera would, though cholera should never reappear, be amply repaid in the prevention of these other diseases.

It is obvious that the earliest possible recognition of the very first case of cholera that might appear among us, would give us the best chance for prompt action to prevent any extension of the disease; yet, the most careful analysis of symptoms does not always enable us to distinguish, in a given case, cholera morbus from genuine Asiatic cholera.

In view of recent discoveries, it now seems possible to decide positively and in a very short time with which we are dealing.

The finding of the specific organism of cholera by Koch was no surprise to those who had long since concluded that cholera was a parasitic disease caused by a particular and distinct microbe.

Koch's assertion that the comma-bacillus is the causative agent of cholera, based upon its being present in all well marked cases of the disease, and then only, was accepted without hesitation by those who knew him best, and who have witnessed his conscientious and painstaking

methods of conducting all scientific work. Already, in Germany, a certain number of medical men are to be summoned to Berlin every year to pursue a fortnight or three weeks course of study in order to learn the new methods of investigation, and chiefly to become acquainted with the comma-bacillus and Koch's method of cultivating it.

Dr. Wendt fears that the medical profession in this country are disposed to regard the whole subject of bacteria as trivial or fanciful, unworthy of serious consideration, yet he considers that Koch has proved by actual scientific demonstration that the comma-bacillus is the specific micro-organism of Asiatic cholera.

It is his opinion that physicians or other competent persons should be sent to Berlin, at public expense, to join these classes under Koch's supervision, to become personally familiar with every step of his methods, thus becoming experts in modern bacteriology.

Should this be found impracticable, however, then let the State Health Boards organize properly equipped laboratories affording suitable facilities for this kind of study and research and if our state authorities are unable or unwilling to help the good work, he would call upon private munificence for the means of its prosecution.

(In an editorial upon this subject, in the same number of the *Record*, is found this sentence, "The specimens of their (Prior and Finkler) comma-bacillus which they submitted to him, were found by Koch to contain four separate kinds of bacteria, but no cholera bacilli.")

Without implying a doubt as to the fact of Koch's having discovered the specific cause of cholera, or of its diagnostic importance, especially in those first cases whose recognition is of so much importance with a view to the prompt suppression of an epidemic; does not the fact of two skillful microscopists failing to discriminate between other bacteria and the cholera bacillus, warn us that superior skill must be possessed in order to diagnose a doubtful case by means of the bacillus, and give good reason to question the practical utility of trusting to finding the microbe in a suspected case by the majority of the profession, or even by those well skilled in the pursuit of their special study?)

VOMITING IN PREGNANCY.

In the *Medical Record* for Dec. 6th, 1884, Dr. W. Gill Wylie states, that, although vomiting in pregnancy is so common as to be considered one of the most reliable early symptoms of pregnancy, he is convinced that marked vomiting in pregnancy is, in the majority of instances, due to an abnormal condition of the cervix uteri, the result of disease or imperfect development.

He recommends the following plan of treatment: Instead of dosing her, make a local examination and give local treatment for any disease of the cervix which may be found. If there is no active disease, dilate the cervix. Do not dilate when the menses are due or any of their usual premonitory symptoms exist. He dilates the canal for three-fifths of an inch, using the finger, or, as this is often very difficult, a modified uterine dilator bent nearly at right angles, so that not more than three-fifths of an inch can enter the canal, the extent of the dilatation is regulated by a screw, and its shape makes it easy to introduce even when the cervix is very high and far back in the pelvis.

Dilatation is performed under antiseptic precautions and once, or at most twice, is usually sufficient to relieve the vomiting. If eroded or everted diseased tissues be present, they are touched lightly with carbolic acid, a pledget of cotton soaked in pure glycerine being placed against the cervix.

He draws the following conclusions: 1. That nausea and vomiting, or morning sickness in pregnancy, should not be considered and treated as merely one of the symptoms of pregnancy, but, as a rule, as indicating an abnormal condition of the tissues of the cervix uteri, due to imperfect development, disease, or the effect of disease on the tissues of the cervix.

2. That any pathological state which interferes with the softening and other changes which the cervix undergoes during pregnancy, may cause nausea and vomiting.

3. That in most cases relief is obtained by freely dilating the cervix uteri below the os internum, and in many instances it is the only means by which relief can be had. It is true that inducing abortion will give relief, but to accomplish this the cervix must be dilated.

4. That in many cases specific medicines given by the mouth are useless, and as a rule, should not be used until a local examination is made and the indications for local treatment ascertained.

ON THE CONDUCTION OF PHYSICAL SIGNS IN DISEASES OF THE LUNGS.

E. Markham Skerritt, M. D., London, in a paper before the Medical Society of London, (*The British Medical Journal*, Nov. 22, 1884.) calls attention to the fact that it is not generally recognized that the physical signs which exist may be detected at a distance from the spot where they originate.

He makes the following very practical propositions:

1. Physical signs due to disease of a limited portion of lung may

be conveyed by the surrounding tissue, so as to be recognized at a distance from the site of the lesion, as in front, where the disease is at the back of the chest ; in the lower part, where the disease is in the upper ; or over the sound lung, where one lung only is affected.

2. It is, consequently as important to trace to their origin the physical signs dependent upon lung-disease, as it is to follow out those of a cardiac lesion.

Numerous cases are given in detail in illustration of these propositions. There is a group of cases of practical importance, where sounds—rattling, snoring, gurgling, and the like—produced in the throat, larynx, trachea, or main bronchus, are conducted throughout the lung-tissue so as to be audible more or less over the whole pulmonary area ; just as the voice sound, originating in the larynx, is conveyed to the surface over the entire lung. A diagnosis of general bronchitis has been made in such a case. So with the stridulous breathing of laryngeal obstructions, the sound produced in the larynx is conveyed over the entire chest, masking the normal vesicular breathing.

The physical signs most liable to conduction are those of auscultation ; and, of these, chiefly altered breathing and *rales*, moist and dry. Friction sound is conducted to but a small extent, and the same is said of alterations in vocal resonance.

To locate the physical signs of lung disease, he gives the following guiding principles ; In conduction, a physical sign (1) retains its special quality ; (2) loses in quantity directly as the increase of the distance from the lesion to which it is due.

Hence, in order to justify the conclusion that *rales* heard at the right apex, are due to disease of the left, it must be demonstrated that the quality of the *rales* at the two apices is identical as regards pitch, duration, and rhythm, and that the sounds steadily increase in intensity as they are traced over from the right side to the left. The readiness of conduction will necessarily vary with the state of the conducting tissue ; and hence, is of value as an indication of the physical condition of the lung-tissue to which it is transmitted.

The subject is one of considerable practical importance, "Unless it is fully recognized that physical signs audible over any portion of lung-tissue do not necessarily originate where they are heard, but may be conveyed from a distance—unless it be remembered that, in lung disease, the auscultatory phenomena in particular must be followed out to their position of maximum intensity just as carefully as in the case of cardiac murmurs—unless this is borne in mind, the observer will be liable to fall

into error ; to mistake an unilateral pneumonia for a general bronchitis, a pthysical affection of one lung for a condition implicating both,"

429 Lawrence Street, cor. 17th, Dec. 14, 1884.

CHICAGO GYNECOLOGICAL SOCIETY.

October 31, 1884. Regular Meeting.—In conformity with an ancient custom, the members of the Society met at the residence (271 Michigan avenue) of the retiring President, Dr. A. Reeves Jackson, and were entertained by an elegant and elaborate banquet. After the banquet, the President called the meeting to order. The following officers for the ensuing year were elected :

President, Dr. H. P. Merriman ; 1st Vice-President, Dr. E. C. Dudley ; 2nd Vice-President, Dr. Charles Warrington Earle ; Secretary and Treasurer, Dr. Edward Warren Sawyer ; Editor, Dr. W. W. Jaggard.

After an appropriate address by the retiring President, the Society adjourned to meet Friday, Nov. 21, at the residence of Dr. C. W. Earle, 535 Washington Boulevard, Dr. Edward Warren Sawyer to open the discussion of "The Premature Expulsion of the Ovum."

Address of the Retiring President—A. REEVES JACKSON, M.D.—In the course of his annual address, the retiring President, Dr. A. Reeves Jackson, in alluding to various influences which had retarded the progress and lessened the usefulness of the society, said : "This tendency to decay is especially manifest to those of us who remember the enthusiasm which characterized its earlier meetings. Then, the essayist was always present to fill his appointment. The other members, equally diligent, came promptly, each filled to the brim with the subject for the evening's study, and ready to bubble over, like a boiling tea-kettle ; and knowledge fairly oozed out of them, as Mark Twain once said of himself, "like the attar of roses out of the—otter." Those were halcyon days ! The meetings were looked forward to with as much pleasurable anticipation as is felt by the boy who gazes upon the marvelous posters of a coming circus. This zeal so pervasive, and so promising of good results, came, by and by, to lessen ; the early, lover-like ardor, began clearly to show signs of cooling. The transactions of the society possessed less and less of interest ; the attendance was less regular, and less constant. The brightness of our sun has dimmed ; there remains only the afterglow. There came a time when we all realized that the health of the society was failing. The pathology was complicated ; but these conditions at least were present—anemia, atrophy, nervous exhaustion. Occasionally, a little fresh, healthy blood was infused, and under the stim-

ulus the patient's drooping energies and failing strength were temporarily revived ; but, mingling as it did with so large a proportion of the old, its influence was rarely felt beyond a single night, and the entire mass became as stagnant as before.

What shall the treatment be ? While I desire council, I venture to suggest, for your consideration, a few remedies, calculated, as I believe, to meet some of the indications.

1. *For the Anemia.*—We need a largely increased membership. In order to attain this three things seem necessary.

1. To make the Society attractive.
2. To make its attractions known.
3. To make admission easy.

In regard to the first of these I have to say that the attractiveness of a scientific society can only depend upon the personal interest felt in, and given to the proceedings by those who take part in them. Therefore, every member should add his thoughts and his voice ; and he should by preparation, if necessary, add them intelligently.

But, next to having an attractive stock of goods, the wise merchant informs the public of the fact, and invites inspection. Let us imitate him.

Prior to each meeting let every one of us invite some one or more of our professional friends to be present, assuring them of a cordial welcome. We are thought to be a very exclusive society. Let us remove that impression. Not only should we invite reputable members of our profession to visit us, but we should invite them to join us. Very many persons who would never *seek* admission to a society would gladly enter if they had assurance that their membership was desired.

There is an inspiration in mere numbers—and we need it.

To make admission easy, abolish the requirement of an inaugural paper. This is a stumbling block to many ; and to all, the trial is a severe one. The knowledge that the essay is to be a *test* ; that it is to be *criticised*—perhaps adversely—is very likely, nay, in most cases, very certain to deter even those who would become valuable members from making application for membership. I am aware that we want workers ; but we also want listeners. We want producers, but we also want consumers. If a man will not or cannot write a paper, he can listen to one. If he cannot instruct, he may be instructed. If he cannot do us good, we may still benefit him. And if we added a score of non-workers to our membership, the number of workers would not be thereby diminished. But it cannot be doubted that from an increase of membership

obtained, in the way I have suggested; a certain proportion would become active and efficient.

2. *For the Atrophy.* This will be benefited by the increased membership. The body grows in proportion as it is supplied with blood. So does each of its parts; and as the characteristics of a community are the results of those of its individual constituents, each of these latter must be looked to. Each individual—each part—must grow, and then we secure growth of the whole.

3. *For the Neurasthenia.*—This condition is functional only, dependent doubtless upon the two which I have named. In this case, as in many others I have seen, it is not the result of over-work; not so much exhaustion as lack of energy; not so much debility as indisposition.

The rest treatment has been tried and has failed. Let us try the effect of exercise.

It only remains for me to thank the members of the Society for the undeserved honor conferred upon me one year ago, and I have finished.

In retiring from the presidency, I desire to express the hope that when, a year hence, my successor shall address us, and concerning the then future of our Society shall ask the question:

“Watchman! tell us of the night,
What its signs of promise are.”

A respondent, pointing to our lengthened roll, our increased and improved work, may be able to say:

“Traveler! From yon mountain height,
See that glory-beaming star!”

Friday, Nov. 21. 1884, Regular Meeting.—The President, H. P. Merriman, in the chair.

Dr. Edward Warren Sawyer opened the discussion on the “Treatment of Abortion.” Dr. Sawyer called attention to the frequency of the interruption of pregnancy before foetal viability. Madame La Chapelle says abortions are as frequent as labors at full term. The experience of the profession opposes this generalization. In his own practice, extending through a period of ten years, he had only seen from forty to forty-five abortions. As illustrative of the wonderful conservatism and care of nature in these cases, he had never met with a fatal case in his own practice, and had seen but one fatal case in the practice of his medical brothers. This fatal case was complicated by cellulitis and pneumonia.

As to causation, abortions are divisible into two classes: (1) those occasioned by natural processes; (2) those induced by accidental or intentional violence. The former class usually terminates favorably, the

latter class is the *bete noir* of the physician. It is a matter of medico legal interest, that in abortions resulting from natural processes, *i. e.*, fatty degeneration of the decidua, the ovum and decidua are expelled as a rule, in an intact condition, while in criminal abortion, the product of conception is expelled in a more or less mutilated state. When the ovum has been mutilated, the embryo is extruded from the cavity of the uterus before the foetal envelopes and decidua, and is frequently lost. Moreover, the embryo, so late as the fourth week, may be completely absorbed. The absence of the foetus cannot be regarded in the differential diagnosis of abortion, molar pregnancy, and intra-uterine fibroids. Two distinct courses, as to the treatment of abortion have been adopted by the profession. The radical method of immediate evacuation of the contents of the uterine cavity, and the plan of patient waiting have been, in turn, defended and opposed. Dr. Sawyer has followed the expectant mode of treatment. He waits and allows nature to effect the expulsion of the product of conception. He has waited as long as one week. He has been encouraged in this line of treatment by the fact that he has never seen any untoward consequences in the cases managed in this manner. He enjoins absolute rest in the horizontal position, and the exhibition of quinine and alcohol, as required. Local treatment, apart from the vaginal tampon, is limited to vaginal injections of chlorinated soda. He has never noticed hemorrhage or inflammatory action as the result of this course of action. He objects to the removal of the whole or part of the product of conception from the uterine cavity, because, (1) it is a painful procedure, involving the use of ether, which predisposes to hemorrhage from uterine inertia; (2) an assistant is necessary; (3) the amount of unavoidable injury to the genital tract is considerable.

In conclusion, Dr. Sawyer exhibited an unusual specimen. The specimen consisted of an intact, amniotic sac, inclosing a five months' foetus, with velamentous insertion of the umbilical cord. Separation had occurred between amnion and chorion. The chorion placenta; and decidua, remained within the cavity of the uterus. He had been called to see the woman, five months advanced in pregnancy, who was suffering from severe uterine contractions and hemorrhage. After a brief interval, the specimen, presented to the society, was expelled. Noting the intact condition of the amnion, Dr. Sawyer paid no further attention to the mass, told the woman to fear no more trouble, and went home. Next morning, upon visiting his patient, he was informed, that one hour after his departure, under renewed hemorrhage and uterine contractions, another mass was expelled. This second mass proved to

be the chorion, placenta, and decidua. A medical friend, Dr. Albert G. Paine, had observed a strictly similar case.

Discussion.—Dr. W. W. Jaggard said separation between the amnion and chorion was relatively infrequent during the sixth and seventh months, but was not uncommon prior to that period. In regard to the treatment of inevitable abortion, when the ovum was expelled in an intact or mutilated condition and decidua or portions of the foetal membranes remained within the uterine cavity, it was necessary to regard the natural history of the condition. This condition had been appropriately termed by Breslau "incomplete abortion." The terminations are briefly :

(a) Spontaneous elimination of that portion of the product of conception remaining within the uterine cavity, as the result of retrograde metamorphosis, accompanied by intermittent hemorrhages and uterine contractions.

(b) Sometimes—though seldom—hemorrhage ceases entirely and the patient is apparently well. This interval varies from a few days or weeks to months. Suddenly hemorrhage and pains recur and the intra-uterine mass is expelled. This retention, with a long interval of rest, is noticed when the placental or decidual attachments are intact. That this act constitutes the termination of the labor, so to speak, is apparent from the fact that the milk secretion is usually established at this time, and the reductive metamorphosis of the uterus is instituted.

(c) More frequently, the retained decidua, or placenta, undergoes suppurative or ichorous changes, as the result of which systemic infection is liable to occur, despite the thrombosis of the uterine sinuses, and the proliferative change, in the uterine mucosa.

(d) The retained placenta or decidua becomes converted into placental or fibrinous polyps—conditions, which always require operative interference.

All four terminations present sources of danger to the mother. From this glance at the natural history of the condition—for the elucidation of which Spiegelberg deserves especial recognition—the weight of evidence is in favor of the so-called radical treatment. Empty the cavity of the uterus at the earliest possible period. The plan recommended by Dr. Munde, in the February number of the *American Journal of Obstetrics*, 1883, was worthy of high recommendation. One finger within the uterus, one hand on the fundus was preferable to instruments, when equally effective. The subsequent treatment was one of extreme importance.

Whenever the cavity of the uterus is invaded by the finger, or any instrument, it must be irrigated by some antiseptic solution. Two per cent. solutions of carbolic acid, or one to two thousand of the bichloride of mercury, are efficient in the prevention of conditions, favoring decomposition and sepsis. After irrigation of the cavity of the uterus, it was a good plan to introduce within the uterus a *bacillus* of powdered iodoform, weighing at least six grammes. Symptoms of iodoform intoxication rarely, if ever, followed the exhibition of this quantity. Ten grammes are usually required to produce toxæmia.

Dr. Philip Adolphus said that abortions were more frequent among multipara than primipara. In the way of prophylactic treatment, he thought women ought to sleep by themselves, during the time corresponding to their menstrual periods. Among the upper classes in Europe, it is customary for man and wife to sleep in separate beds. He thought it an excellent plan. When abortion was inevitable, the treatment must be symptomatic. To arrest hemorrhage, plug the cervix, not the vagina. Use tupelo, or laminaria tents, not those composed of sponge, for obvious reasons.

Use thin tents. When fetor is noticed, empty the uterine cavity. For this purpose, either finger or curette might be employed.

Dr. D. T. Nelson said the dangers from abortion were (1) hemorrhage; (2) sepsis; (3) inflammation. Rest and opium were not sufficient. He could not rest until the uterine cavity was empty. He had no sympathy with the expectant plan of treatment. The manner of emptying the uterine cavity was important. If the cervix was dilated, or dilatable, the cavity should at once be cleaned out with the finger. If the cervix was not dilated, nor dilatable, the cervix ought to be plugged in the manner indicated by Dr. Adolphus, with tupelo, or laminaria tents. If the cervix was partially dilated, or dilatable, and the uterus fixed, give an anæsthetic, relax the spasm, and proceed as in the first case. He had no fear of ether predisposing to uterine inertia. In dissecting off the placenta, it was advisable to glove the finger tips with the amnion. In the early months, when the ovum was attached near the cornua, it was necessary to bear in mind the possibility of irregular contraction, and the inclusion within either cornu of a bit of the placenta. The cornua must be thoroughly explored. When he employed intra-uterine irrigation—by no means an invariable method of treatment—he used a one-half per cent. sol. of carbolic acid, or a dilute solution of ordinary table salt. The solution must be hot, 110°-120°F. Hot water, in the absence of carbolic acid, or salt, was effective as a cleansing agent, and as inducing

uterine contractions. Dr. Nelson had had no experience whatsoever with iodoform, but regarded it as superfluous in all cases.

Dr. Wm. E. Clarke was more afraid of hemorrhage and sepsis, than of inflicting injury to the genital tract. He always emptied the uterine cavity at the earliest possible period.

Dr. T. D. Fitch did not consider Dr. Sawyer's specimen a rare pathological occurrence. He had seen the same separate—at the same time—frequently. He agreed with Dr. Nelson in treatment. Still, when the cervix was not dilated, he was disposed to prefer the expectant line of treatment. At the time of the occurrence of abortion, the uterus was in a physiological condition; operative interference at a later period was attended by increased risk, as the uterus was then in a pathological state. Usually, he found the placenta and membranes detached within the lower segment of the uterus. As he had a large hand, with short fingers, he employed the placental forceps of Hodge, Dewees, Elliott or Roler. Once, in the country, he used an ordinary pail bail, with the rough edges filed off. He was not in favor of intra-uterine injections. The vaginal douche was sufficient.

Dr. Wm. H. Byford said that abortions were more frequent in large cities than in the country. Madame La Chapelle's estimate of the frequency of abortion was not exaggerated, when applied to large communities. In the country, he thought one abortion to three labors at term represented a fair average. Abortion was never a physiological process, although abortions from disease of the ovum were attended with less danger than those resulting from morbid, uterine changes. In disease of the ovum, the circulation was impaired, the embryo perished, and expulsion follows, with the minimal degree of hemorrhage, pain and sepsis. When the cause of abortion was external violence, or decidual endometritis, danger, in each of these three directions, was increased. The specimen exhibited by Dr. Sawyer, was of rare occurrence at so late a period; it was comparatively common during the early months.

As regards the prophylactic treatment, he had observed two clinical facts, in connection with the habit of abortion. When uterine contractions were the prominent symptom, abortion could be arrested in many cases by absolute rest and opium when hemorrhage was severe, all attempts at arresting the process were usually futile. This was especially true during the first three months. At a later period, even when hemorrhage was severe, abortion might be arrested.

In regard to the treatment of inevitable abortion, he had never seen the time, when champions of the expectant and radical courses of action

did not exist. The treatment must be governed by the consideration of the individual case. In any case, the patient must be carefully watched. He had never seen a case of abortion terminating by immediately fatal hemorrhage. The acute anæmia, however, might induce a condition which would render the women more susceptible to sepsis or any inter-current disease. He feared sepsis and metro-peritonitis more than hemorrhage. He was conservative as to the operative interference. Let nature do what she can; only in case of failure on her part, interfere. The finger was preferable to any instrument. Then it was not necessary to insist upon the removal of placenta or membranes with mathematical accuracy. If the placenta was grasped by irregularly contracted uterus, cut off the free portion, allow the rest to remain in the uterine cavity. If two-thirds of the placenta were removed and the uterus well contracted, the case was to be considered in a safe condition. In event of sepsis, remove all the intrauterine mass.

Dr. John Bartlett stated that, in his practice abortions were as frequent as labors at term. The product of conception was usually expelled in its integrity. When abortion was inevitable two conditions were required, before operation interference was justifiable.

(1.) Dilatation of the canal of the cervix to the extent necessary for the passage of two fingers. (2.) The separation between decidua and the uterine mucosa must be more or less complete. Until these conditions were present, the vagina ought to be tamponed. For a tampon, he was in the habit of employing bits of cotton tied on a string, in the manner of the kite-tail.

He had seen cases in which the placenta had remained for a long period of term within the uterine cavity without causing symptoms. The retention in one case lasted through a period of three months; in the other case the period was four months. As to the length of time, the tampon could be left *in situ*, he had adopted Dr. De Laskie Miller's rule of allowing it to remain twenty-four hours. He had frequently tamponed through three days. The colpeurynter of Braun was a useful tampon. No tampon was effective when the hemorrhage was not of a passive character, and uterine contractions were severe.

It was necessary to diagnosticate between placenta prævia and abortion. Placenta prævia implied simply an *error loci* of the ovum. It was included between the ring of Bandl and the external os. Dr. Bartlett had never seen a case of abortion terminate fatally from hemorrhage.

Dr. A. H. Foster had seen one case of retained placenta, in which the retained mass gave origin to no serious symptoms for a period of four

months. The importance of subsequent treatment of the puerperium was urged.

Dr. E. C. Dudley referred to the dangers of cervical laceration, and subinvolution in consequence of abortion. The best method of applying the tampon was by means of Sim's speculum.

Dr. C. W. Earle occupied the middle ground between the expectant and the radical methods of treatment. He did not agree with Dr. Munde.

Dr. H. P. Merriman, after endorsing Dr. Byford's remarks on the ætiology of the condition, said that he did not like to use ergot in these cases, as it caused irregular contraction of the internal os, imprisoning the placenta without favoring its expulsion. He produced uterine contractions by dilating the os, and then followed the expectant plan of treatment.

Dr. E. W. Sawyer, in closing the discussion, said that he had observed abortion in the lower animals, and concluded nature required little interference. He then briefly sketched the line of expectant treatment, which he was in the habit of recommending.

Dr. John Bartlett then exhibited some casts of the pregnant and non-pregnant uterus for the purpose of class illustration. The idea is an extremely ingenious one, and will receive attention at an early period.

The Society adjourned to meet Dec. 19th. at the residence of the President, Dr. H. P. Merriman, No. 1350 Michigan avenue. Subject for discussion, "Extra-Uterine Pregnancy," to be introduced by Dr. Wm. H. Byford by a paper on "A Case of Interstitial Pregnancy."

W. W. JAGGARD, M. D., *Editor*,

November 22nd, 1884.

2330 Indiana avenue.

—*Chicago Medical Journal and Examiner*.

SOCIETY PROCEEDINGS.

A stated meeting of the Arapahoe County Medical Society, was held at the office of Dr. Thomas H. Hawkins. Nov. 20, 1884. The President, Dr. Mavity, being in the chair.

Committee on membership and ethics by their chairman, Dr. McMurtrie, reported favorably upon the applications of Drs. Mary B. Bates and Kate C. Bushnell for membership. Report was accepted, and upon a ballot being taken, they were unanimously elected to become members of this society.

The amendment to Sec. 2, Art. 2, of by-laws was presented for second reading and passed.

Dr. Hawkins related a case of a man stabbed about two inches above and to the right of the umbilicus. The knife passed through the Jejunum at its junction with duodenum, and struck the body of the 4th lumbar vertebra, wounding the vena cava. Its course was determined by *post mortem* examination.

It was questioned in the court whether a man could, after receiving such a wound, walk about for three hours unconscious of injury, as this man did, and live for twenty-three hours. Dr. H. referred to Dr. Holme's case of a large wound of the vena cava which lived three hours.

In this case, the wound was surrounded with clots and the opening in the vena cava was small.

It was also asked if such a wound should have been closed with sutures; what would be the proper treatment; and whether such a wound could be made with a knife whose blade was only six inches long.

Dr. Tibbitts thought the man's position might have allowed the knife to enter that far; and that the ability to keep around and walk, depended on the hemorrhage not at once taking place.

Dr. Ward asked if there were symptoms of immediate loss of blood.

Dr. Hawkins said, there was at first into the sheath.

Dr. Cory said the time of living would depend upon the amount of hemorrhage. In a recent case of a wound of the liver the patient lived thirty hours. A post mortem found the abdomen full of blood. He would think the wound of the intestines caused the sudden prostration. As to treatment, the present tendency is to open the abdomen and close the wound of the intestine with sutures. Of course this could not be done to the vena cava.

Dr. Fay, said the knife probably pushed in the abdominal wall.

The question of suturing the jejunum would depend upon the case. In a case of a wound in the thigh, which wounded the femoral vessels, it was questioned if he was not killed by moving.

Dr. Nolan asked if he became comatose long before he died.

Dr. Hawkins said he was conscious to the last.

Dr. Hassenplug said he thought it justifiable to open the wound and apply sutures.

Dr. McMurtrie said that this was the present tendency. The wound of the vena cava could not have been so treated. Thinks it quite easy for a six inch blade to reach the vertebra.

Dr. Wood did not consider that abdominal surgery had yet reached a stage of perfection in which it would be wise to open the abdomen in a case like this one, and the more especially a criminal case: Yet, doubt-

less, the time was approaching when this would be considered proper treatment, and then a surgeon would be upheld in doing so.

Dr. Davis said that at first there were no symptoms of hemorrhage; none until the night he died. At first the symptoms were only those of the wound in the abdominal wall, hence the wound was closed with sutures. In a case of a tamping rod being driven through the abdomen, the wound was closed and the patient recovered.

Dr. McMurtrie said where the wound of the gut was evident, it is our duty to cut down.

Dr. Mavity did not consider it justifiable to cut down in a case likely to come into court. The smaller the wound the greater the danger. In a case of a cutover the liver in which he advised a drainage tube, but others differed from him, the wound was closed and the man died in about two months from abscess of the liver. In an other case the liver was broken in two, yet he lived until the next day.

Dr. Hawkins said the object of the defence was to prove that the injury was not one necessarily fatal, and that Dr. Burns and he were mistaken in regard to the vena cava being wounded.

Dr. Cory thought if there was no evidence of an injury of the intestine or of bleeding, then it was proper to suture.

A stated meeting of the Arapahoe County Medical Society, was held at the office of Dr. S. Cole, Dec. 5, 1884. The President, Dr. Mavity being in the chair.

Minutes of the last meeting were read by the Secretary and approved.

Dr. Fay read a report of a case of compound fracture of the Pubic Arch. (Published in full on page 200).

Dr. Rothwell asked if the retention of urine was due to the injury or to the morphia used.

Dr. Fay replied, that he thought it due to the injury, but little morphia being used at that time.

Dr. Cole spoke of having usually found rapid granulation to take place under the use of mercuric bichloride 1 to 1000.

In a recent case of a wound of the wrist, in which an unfavorable prognosis had been given, as to saving the hand, by two physicians in Leadville and Salida, he applied the bichloride and found it to correct the somewhat unhealthy discharge and in one week it had nearly healed, looking as if it had been by first intention.

Dr. Hawkins thinks the solution of 1 to 1000 too strong and that Dr. Fay would have obtained better results by using a weaker solution, 1 to 2000 or 1 to 2500.

Dr. Wood related a case of a deep wound of the leg in which severe supuration was rapidly checked by the bichlorate 1 to 2000. Also a case of a deep lacerated wound of the thigh, caused by a rocket, in which the stick was driven four or five inches into the muscles. Under the use of the solution of bichloride, washing out the wound daily and dressing it with absorbent cotton saturated with the solution, granulation took place with great rapidity, and the discharge of pus quickly subsided. Dr. Davis mentioned a case of severe laceration and contusion of the hand with loss of several fingers, which healed very rapidly under the use of the bichloride.

Dr. Rothwell reported a case of the removal of the coxyx, which refused to heal under the use of either solution of bichloride or carbolic acid, but healed under treatment with bismuth and afterwards boracic acid.

Dr. Dougan has not used the bichlorate, as a dressing for wounds. He believes that antiseptic dressings as a whole are a humbug. Has practiced when he could not obtain all the niceties, yet has seen good recoveries after severe injuries and operations when not even proper cleanliness could be procured. Thinks the good results reported depend on greater care and skill in operating and good constitutions.

Dr. Fay related a case at St. Luke's Hospital of a thigh injured three months before, which, being badly swollen, was opened by Dr J. C. Davis and himself. Large quantities of pus being turned out. Dr. Davis proceeded to dress this by washing it out with a strong solution of spirits turpentine and this was repeated daily. The result was an excellent recovery.

Dr. Hawkins wished to report several cases in which he had used the new anæsthetic muriate of cocaine. See full report of same in another part of this issue.

Attest,

L. H. WOOD, M. D.,
Recording Secretary.

HAPPY NEW YEAR !

A Merry Christmas and a Happy New Year to all our friends and subscribers ; yes, and to all our enemies too—that is if we have any (?)

The TIMES now enters upon its third year, and if the profession of Colorado will but give us their hearty support, we will endeavor to make the DENVER MEDICAL TIMES such a journal as that it shall be a credit to the medical profession of this country.

The New York State Medical Society—composed of the old codist—held their first annual meeting in New York city, Nov. 18th, 1884. Dr. Henry D. Didama, M.D., the president, (retiring), delivered a fairly able address on “Conservative Progress.” There were many good papers read, and the society has at last demonstrated one thing, viz., That New York city is a better place than Albany to hold State Society meetings.

We are pleased to acknowledge the receipt of a subscription from the Library Medical Department of the State University. This medical school now has 16 students. Two females, the presence of the latter, it is thought, have the beneficent effect of making the class-room more orderly than the traditional medical class-room. The hospital in connection with the school is about completed. The nine months term seems to be working well.

BOOKS AND PAMPHLETS.

The Relation of Micro-Organisms to Surgical Lesions by Henry O. Marcy, A. M., M. D., of Boston.—Rpt. Jour. Am. Asso.—Nov. 1, 1884.

Muriate of Cocaine in Ophthalmic Surgery C. J. Lundy A. M., M. D., Ann Arbor, Mich.—Rpt.

A MANUAL OF BANDAGING, ADAPTED FOR SELF-INSTRUCTION.—By C. Henri Leonard A. M., M. D., Prof. Medical and Surgical Dis. Women and Clinical Gynecology, etc., etc. with one hundred and thirty-nine engravings, second edition revised and enlarged, and published by the Medical Journal Co., Detroit. Price \$1.25, postpaid, 159 pages.

PYURIA, OR PUS IN THE URINE AND ITS TREATMENT—Comprising the diagnosis and treatment of acute and chronic urethritis, cystitis, and pyelitis, with especial reference to their local treatment, by Dr. Robert Ultzmann, Professor of Genito-Urinary diseases in the Vienna Polyclinic. Translated by permission by Dr. Walter B. Platt, F.R.C.S., Eng. Demonstrator of surgery in the University of Maryland, and published by D. Appleton & Co., 1, 3, and 5, Bond street, New York, 1884, 98 pages, 12mo.

A HANDBOOK ON THE DISEASES OF THE EYE AND THEIR TREATMENT.—By Henry R. Swanzy, A.M., M.B., F.R.C.S.Q., surgeon to the national Eye and Ear Infirmary, ophthalmic surgeon to the Adelaide Hospital, Dublin, formerly assistant to the late Prof. A. Von Græfe, Berlin, with illustrations. Publishers, D. Appleton & Co., 1, 3, and 5, Bond street, New York. A handbook of 437 pages.

"I think the antiseptic LISTERINE justly entitled to a prominent place amongst our remedial agents. I welcome it as accomplishing as much, if not more, than we get from other preparations. combining as it does *safety* with an entire absence of any properties disagreeable to patient or operator.

It does not stain, and has no caustic influence even in full strength; can be used with freedom in all surgical operations about the mouth, without fear of toxic symptoms when accidentally or intentionally taken internally; in fact, sometimes proving a great advantage in this particular, as it corrects fermentative eructations from the stomach.

Its use, both in private and infirmary practice, convinces me of its admirable adaptability in the treatment of oral lesions, such as pyorrhoea alveolaris, ulcerated surfaces, as a dressing to pulp canals after the removal of putrescent pulps, and as a purifying agent in diseases of the antrum.

To cleanse the mouth and throat before operations, LISTERINE is particularly adapted on account of its gently stimulating action, and the cooling and refreshing sensation left upon mucous membranes renders it grateful to many patients as a mouth wash, and an excellent adjunct in the preservation of the teeth."

TRUMAN W. BROPHY, M.D., D.D.S.,

Professor of Dental Pathology and Surgery, Rush Medical College; Professor of Oral Surgery, Collegiate Dept. of the Chicago Dental Infirmary.

GOLD MEDAL AWARDS TO UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the only Gold Medal and highest Award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country.—*London Lancet*.

NOTES AND MISCELLANY:

It takes two hundred and fifty bushels of potatoes to produce a ton of starch.

The Woman's Medical College of Chicago has a term embracing fully seven months of consecutive instruction by the regular faculty. The graduating class numbers 34, while the first-year class has 41 members.

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

FEBRUARY, 1895.

PRIVATE HOSPITALS FOR WOMEN.*

BY GEO. J. ENGELMAN, M.D.

It is now perhaps six months since you kindly requested me for some information with regard to private hospitals for women, a question in which I am deeply interested. Since then my own has been nearing completion and I have visited many similar institutions both in this country and on the continent of Europe. In the old world such institutions have existed for some time. In our own country those of Emmet and Thomas are the oldest and best known, and popular demand has of late necessitated the establishment of such infirmaries in the west. With the rise of specialties and the progress in gynecology, especially surgical gynecology, the infirmary or private hospital has become one of the most important accessories—almost a necessity—to the achievement of the best results. In the old world where the practice is very thoroughly systematized, and specialties are upon a firmer basis, special hospitals have for a long time existed. Not only hospitals for women and children, but hospitals purely surgical; hospitals for the treatment of diseases of the skin and throat, of the eye, and for the treatment of diseases of the rectum; they have hospitals for consumptives and hospitals for the treatment of cancer. But the small,

This is a continuation of the series of contributions on Private Hospitals, etc. by T. H. Hawkins.

private hospital is more particularly the outgrowth of the sphere of surgical gynecology and has become a necessity to the successful practitioner in that specialty. The oldest and best known, as I have said, to the best of my knowledge at least, are those of Dr. Emmet and Dr. Thomas in New York. The demand for institutions of this kind has forced others to concentrate their practice in the same way. Among those of my friends engaged in the special work, I will mention Dr. Skene in Brooklyn, Dr. Goodell of Philadelphia, Dr. Reamy of Cincinnati, Dr. Sutton of Pittsburg, and Dr. Jenks of Detroit, who have been forced to concentrate their work by gathering their patients in such private institutions of their own, where they could be assured of the best possible care and the most thorough antisepsis. I have been driven by necessity to pursue the same course. Why is it, you may ask, that it is found necessary to establish these private hospitals for women; institutions where uterine disease alone is treated; why do we not found private hospitals in other specialties? The reason seems to me two-fold; it is accounted for upon practical professional as well as social grounds. First, practically speaking as regards the advantages of treatment, there is no question of the advantages of a small well kept, cleanly institution in the management of surgical cases. Antiseptic precautions are so much more readily carried out, and this is of prime importance as so many of the cases are of a surgical nature, the best results—the most rapid and effective—are accomplished where the aid of the knife can be sought. Even in smaller operations for prolapsus, for laceration of the cervix or perineum, the operation can be undertaken to better advantage in such institutions and the chances are by far better in all the larger, and especially in abdominal operations. Again in all cases, non-surgical as well, the patient is under better control and can be treated to better advantage in a hospital, however comfortable her home may be, and this is true more particularly, of women. When the husband is sick he is tenderly nursed at home, away from the cares of business, nursed and cared for by a thoughtful, loving wife; but when she herself is sick, she is constantly fretted with the cares of house, husband and children; *her* business is constantly around her and before her mind. Though in bed, she has much to think of, much to worry over, and it is more particularly these uterine diseases in which the nervous system suffers so much—in which neuroses are so common—that the sufferer must be relieved from such annoyances if successful results are to be achieved; and in many of these cases though they be such as to cause great nervous and physical distress, the patient is not confined to her bed, and hence, whatever the

directions of her physician may be, and these must invariably be for the observation of *rest* and *quiet*, mental and physical, the house-wife and mother cannot observe them. She is annoyed and worried; she will attend to one duty and another, so that the efforts of her physician in the treatment of the uterine disease are neutralized by the mental and physical exertion—the strain upon body and mind necessitated by her household cares. Hence the hospital is the proper place for the treatment of women afflicted with uterine disease; and I may say more particularly of such diseases where the patient is not absolutely confined to her bed. Away from the cares of home, it is alone possible for her to observe that rest of body and mind which is necessary for the successful treatment of the affections of the womb which involve the nervous system and the entire constitution so much more than those of any other organ. Man, to a great extent, finds that rest and care in his own home.

Again, the private hospital is called for because ladies from all parts of the country, from other cities, seek the aid of the successful specialist in the large centers. Used to the comforts of a luxurious home, they are unwilling to enter the general hospitals, nor could they, in these institutions, have the special care and attention which can be given them in small, private infirmaries especially adapted for the treatment of this one form of disease. In the boarding house or hotel the invalid lady will not find an agreeable home, nor can she there receive the attention so often necessary; and in surgical cases, such a resort is out of the question; hence the physician who is consulted by patients of this kind from all parts of the country must find a home for them where he can pursue his treatment to the best possible advantage. That home is the private hospital which he has thus been obliged to establish. He is not constantly changing nurses, but has the same patient help, trained by himself, thoroughly understanding his methods, able fully to follow out his directions to the best possible advantage; he himself can give better attention to his patients; can see them more frequently than if scattered all over the city; all the necessary accessories for the treatment are convenient; proper arrangements for the douche, now so important in the treatment of uterine disease, are on hand as well as for the use of massage and electricity; and, in surgical cases, what is above all important, thorough antisepsis can be observed and the best of nursing guaranteed. These institutions, as a rule, are located in the most desirable and healthy portions of the city and all possible arrangements for the comfort and convenience, as well as the proper treatment, of the patients are made. As a consequence they are of necessity an expensive resort, where, however the greatest possible good can be obtained.

I will now, as you kindly requested me to, say a few words with regard to my own private hospital for women, in which I have attempted to attain these objects which we claim as the main advantages of an infirmary of this kind. The building was erected, especially for this purpose, during the past year; it is situated in one of the highest and healthiest portions of the city, quite isolated; with neither carpets upon the floors, nor paper on the walls. The walls being new are as yet white, but are to be covered with oil paint in the course of a year; after which they may be thoroughly washed at all times. The wood is in its natural state, with a hard smooth finish, no paint. The floors are shellaced and covered with rugs which can be readily taken up. No wardrobe, but each bedroom has a large plastered wail closet; no feathers are used in beds or pillows, but hair or moss which can be thoroughly cleansed. In cases of operations all rugs and even wash-curtains are removed and the room thoroughly carbolized before the admission of the patient. The operating room is water-proofed throughout floor, walls and ceiling, so that it can be thoroughly saturated with carbolic acid or other disinfectant solution previous to operations. In the bath room the douche can be given in such a manner that the patient can with the utmost convenience in recumbent posture, use any quantity of hot water at a given temperature. I merely mention these features as a few of the most prominent characteristics, which will be found, with slight variations in all similar institutions. I may add, that I expect soon to restrict my own institution to the reception of operative cases, as I believe that the best surgical results could in this way be accomplished, and it certainly provides the greatest possible means in abdominal operations as in those cases in which the peritoneum is opened, as for the removal of uterine fibroids and ovarian tumors or the diseased ovaries and tubes that cleanliness, (call it antiseptis,) together with careful nursing, is of prime importance.

511 Garrison ave., St. Louis, Dec. '84.

ANNUAL ADDRESS BY THE RETIRING PRESIDENT, W. K.
MAVITY M.D.,

Delivered before the Arapahoe county Medical Society.

Gentlemen of the Arapahoe county Medical Society:—I extend heart felt thanks for the honor you have conferred and the cordial support you have rendered in all our meetings for the past year.

We are associated together for mutual improvement. A more intimate acquaintance has rounded off many apparent rough corners and

shown how deeply interested you are in the prevention and cure of disease. Manifestly the welfare of your patients is paramount to all other interest. You have come to know and appreciate each other better. Your deliberations have been earnest, but throughout, characterized by the best of feeling.

In regard to the report presented at the last session of the State Medical Society, by the committee on Medical Societies, I would recommend the appointment of a committee from this society, to confer with the above named committee of the State Society, and, if it appears upon investigation that we have in any way infringed upon the rights of the older society, or they desire to adopt the name and become recognized as the legal county society, I trust, no true physician, who has the interest of the entire profession at heart, will oppose a change in the name we have adopted. Your number has increased from fourteen to twenty-five active working members in the past year. You have in addition to this received encouragement from many physicians of the city, who have favored you with their company and taken an active part in the discussions. As a live working society your success is firmly established, and you can well afford to wave the "truly nominal consideration" of your present name, if by so doing, you harmonize outside elements. At our organization the name "Denver Academy of Medicine and Surgery" was suggested. If this should be adopted I would recommend that the work be divided into sections and that each member confine himself strictly to one branch or department for a given time.

By this method, you would each be enabled to follow up a different line of thought, and would all reap the benefit of more extensive research.

The papers and discussions show you have given much time and study to the subjects presented. But I feel assured that the plan suggested would awaken a greater interest and be productive of more good. In addition to the regular papers presented, you have reported many very interesting cases and given the result of your experiments with the new anæsthetic muriate of Cocaine. The practical application of this remedy in opthalmic surgery is doubtless the greatest achievement in our science for the past year.

The discovery of the comma-bacillus, in cholera, has received your consideration. While the discovery is important, the advantages to be derived from it remains yet to be demonstrated as it is not proven whether this microbe is the cause or a concomitant of the disease. If the cholera reaches our continent, as it probably will the present year, the advantages, if any, to be derived from a residence in a mountainous region at a high

altitude, should receive your careful and thoughtful consideration. Your solicitude for suffering humanity and your devotion to your profession is sufficient guarantee that you will render all possible aid to the health officers of our city, state and nation if we are visited by an epidemic of any kind. The subject of medical evidence in court, elicited a spirited discussion at one of our recent meetings and believing a reference to the same subject would not be entirely void of interest, I will briefly call your attention to the "Medical Witness."

The physician is often called upon the witness stand to testify to facts, or give an opinion that materially affects a prisoner at the bar. When thus called he should be careful not to allow his sympathies to influence him to conceal facts, or to give an opinion not strictly in accordance with medical science. If he has made a post mortem examination upon the body of a person supposed to have been murdered, or has observed certain suspicious circumstances during the illness of a patient, he is in justice to the community and by law, compelled to reveal all facts however obtained. When a witness to facts he has no privileges not guaranteed to all. Communications and confessions made by patient to physician are by many of the states held sacred, especially when essential to the proper treatment of the patient.

The busy practitioner is often hurriedly called to make a post mortem and give evidence before a coroner's jury. In many instances the duty is performed, and the sworn statement subscribed to, with no thought of the hereafter, and more anxiety about past due engagements than the accuracy of his opinions. When in time he is brought face to face with a learned barrister who has spent week after week studying Maudsley on the mind, Hammond on moral insanity or Flint's physiology, he is, when too late to retrieve his lost laurels, made to realize the magnitude of his mistake.

"Lord Campbell's dictum in reference to the distinction between fact and opinion confers no practical benefit on witnesses. It is at all times difficult in science, and in the medical sciences particularly, to separate them; and if a man appears to testify to a medical or scientific fact, he cannot avoid giving an opinion arising out of the fact." This is the rock upon which the bark of many an unskilled mariner becomes wrecked..

In giving evidence before a coroner's jury the physician should confine himself as far as possible to the statement of facts. All opinions as to the probable cause of death should be withheld—unless the cause is apparent to all—as a wound or injury to some vital organ. No opinion

should be given until time and opportunity is afforded for microscopical examinations or chemical analysis, where they are at all likely to throw any light upon the subject. Deliberate thought and consideration will enable the witness to so guard his answer that he will be in no danger of ship wreck on the final trial.

To commence right is important in all matters—but especially is it so upon the witness stand. If the physician's answers were founded upon facts and his opinions clearly authenticated, when giving evidence before the coroner's jury, he has nothing to fear in the court room, provided he does not show himself to be a partisan. Before the courts the questions during the examination in chief are so arranged as not to suggest their answer. If the witness is not thoroughly master of the subject and is inclined to favor the party for whom he is called to testify, he may be unintentionally led into deep water. On the other hand the wily counsel for the defense in the cross examination, so frames his questions as to suggest the answer in the strongest possible way. And hence the unsuspecting witness may be led on and on by cunningly devised questions, until he is lost in the mist that surrounds them. A complete knowledge of the subject gives courage and is the doctor's safe guard upon the witness stand. The well informed witness soon secures the confidence of the court, jury, and counsel. A candid opinion boldly given, regardless of whom it benefits, enforces respect and saves the witness from merciless attacks by opposing counsel. "Thus well informed, in relation to the matters upon which he is to answer, the medical witness when he takes the stand should be calm, confident and composed. His aspect should be that of the conqueror, rather than of the victim. He should demand that every question propounded to him be so stated that he can clearly understand its meaning. His first thought after the question, should be to sound the mind theme of it, measure its purpose, scope, relation to subject, etc. In answering a question, think a moment of where it may lead or what may follow it." Simply answer the questions, do nothing more.

The practice of physicians arraying themselves as experts upon opposite sides, for and against a prisoner, is certainly highly derogatory to the medical profession, and often brings merited shame and disgrace upon the participants. The opinion of a medical expert, called by the prosecution, when confined strictly to the science of medicine, may favor the defendant more than the plaintiff. Likewise that supposed to favor the defense may, when truthfully and impartially given, strengthen the prosecution or render the supposed facts so improbable that they are of

little value. It is therefore important that the fee of the medical expert be paid or secured in advance, that he may appear in court, unbiased or influenced by the final issue. He should be able to state to the court that he has no interest in the result. The fact, when brought out in the cross-examination that the medical expert is to or has received a fee, is usually commented upon and strongly urged against the witness. Upon this point the Hon. John Ordronaux says, "To render professional service in or out of court in an honorable way, is always proper and defensible in law. The fact that a party receives a compensation for it does not detract from its merit. The judge receives a compensation, the clerk, the counsel, the jury. Then why should not you? An expert is not a common witness; he does not testify; he simply gives an opinion upon testimony submitted to him. In order to protect yourself from any inference which may be made against the impartialty of your opinions you should have no interest in the issue of the case, and not depend for your fee upon the character of the verdict, whether for plaintiff or defendant.

Get your fee before going into court, then you can say you have no interest, present or contingent, in the case, and that you give your opinion upon the weight of the facts submitted to you, as do the jury, and regardless of personal interest. If asked whether you receive any compensation, say frankly, "I did not offer my services here any more than I do my professional services elsewhere; I was sent for and I have come. My time and my skill are my capital, I cannot surrender them gratuitously to any but the poor, since it is by my professional opinions that I earn my living."

There is no difference between the subpoena calling a medical witness to testify to a fact and the summons to give an opinion based on evidence presented to the court. A refusal to obey would be considered contempt of court. The witness cannot refuse to obey the subpoena, but he can decline to give a professional opinion unless compensation is assured. "When however he has given his opinion, he has placed it among the *res gesta* of the evidence, and cannot decline repeating, or explaining it on cross examination. Once uttered to the public ear of the court, it passes among the facts in evidence, and the counsel may use it as they please without any further compensation to him. The point of declining to give it gratuitously must be made, if at all, at the opening of his examination in chief and will avail him nothing if delayed until the cross examination." Wishing you a happy and prosperous New Year, and hoping that your evidence may be so well founded on facts and your opinions so impartial, when you come to the final bar of the Supreme Judge, that you may all be gladly welcomed into the courts above, I surrender the robe of office to my worthy successor.

CEPHALALGIA AND ITS THERAPEUTICS.

A lecture delivered by Prof. A. A. Smith in the Bellevue Hospital Medical College.
Reported by L. C. Winsor.

In considering this subject I shall include all pains both superficial and deep, which are found above the neck. These pains in many instances are localized, as when only felt at the crown, the occiput over the temporal or frontal bones, and are due to different causes.

In persons of full habit, rich blood and plethoric, the pain is severe and is felt all over the head. In these cases a good saline cathartic is indicated. The most common form of headache is the nervous headache, which occurs in persons who have delicate or overworked nervous systems. They suffer from headache when anything happens or is done to produce a little strain on the nervous system. The question will often occur, what will relieve this patient from nervous headache. The remedies which have proved most useful to me are, Bromide of Soda combined with Valerian:

R. Elix. Valerian. Ammon. oz. 2
Sodii Bromid. drachms 4

M. Sig. Teaspoonful in a wine glassful of water every hour until the headache is relieved.

Anæmic headache is one of the most severe, it produces localized headaches, as on top of the head, or over the temples, and sometimes is found over the entire head. As this is due to a want of blood in the brain, any remedy which will increase the heart power will relieve the pain; with this headache we find symptoms of anæmia, as cold hands and feet, pale face, etc. To relieve the immediate attacks, a little cotton dipped in amyl nitr. and placed in the nose answers a very good purpose.

Spts. ammonia arom. in $\frac{1}{2}$ drachm doses is good, or alcohol in some form. Alcohol should be used carefully, for if the cause of the headache is not relieved the patient may take stimulants in the shape of some kind of liquor, until he has acquired the habit of drinking. But a fear of this should not deter the use of alcohol when it is deemed necessary. You should however prescribe the quantity and caution the patient. To relieve the cause of these headaches build up the system by giving tonics, Cod Liver Oil, Iron, etc.

In sick headache, there are two causes, one a disturbance of the nervous system, the other, gastric disturbances. Sick headache from the latter cause constitutes what is called Megrim. Both these are characterized by nausea and pain in the head. The diagnosis can be made from the

fact that in sick headache coming from a gastric trouble the nausea is felt before the pain in the head and vomiting relieves the headache. When caused by a disturbance of the nervous system, the pain in the head comes first then the nausea. The gastric trouble is often caused by the kind of food taken into the stomach and when this is the case an emetic is good treatment and will often relieve the pain, when, however, this treatment is pursued in sick headache from a nervous cause, it aggravates rather than relieves the pain. The sick headache caused by a disturbance of the nervous system is not so easily treated as the former, occasionally, if the right kind of nerve stimulants are given they will cure the patient.

One of the best is citrate of Caffeine given in gr. doses every half hour until three grs. have been given, then if the headache is not relieved wait three hours and give three grs. more. Caffeine can be given until the physiological effects are obtained in a small degree, with no bad effects to the patient.

There are some cases of headache due to a rheumatic tendency which yield to Salicylate of Soda grs.v doses every half hour, administered in Aq. Menth. Piper.: the Salicylate may act in a similar manner as Quinine which is good to use in many kinds of headache besides those produced by malaria. When a patient cannot sleep from sick headache and a sedative effect is desired, croton-chloral in gr. doses every half hour, or what is better croton-chloral combined with caffeine in some cases acts well. The administering of the chloral to be begun five hours before it is desired to produce sleep. Some believe in cannabis Indica as a permanent cure for sick headache. Its action is on the central nervous system and it may be a good remedy, but it is not a reliable drug. When given to a male the dose should be gr. $\frac{1}{2}$ of the extract, when to a female gr. $\frac{1}{3}$ three times a day and it should be continued for three months. Headache occurring at the menopause is very satisfactorily treated, the symptoms are a fluttering at the pit of the stomach and a general feeling of depression. The patient thinks she is going to die and is very low spirited.

In these cases Calabar Bean has been given in gr. $\frac{1}{8}$ doses every half hour, this acts very well but the following is better:

R. Spts. Camphor drachms ii
Bromid Sod. grs.xv

M. Sig. Give every half hour until the headache is relieved.

Neuralgia headaches are generally localized and are an evidence of a low physical condition of the patient. In some cases this form of headache may be relieved by the Fl. Ext. Gelsemium, given every half hour in

doses of gtt.iii until there is a little lopping of the eyelids There is a fear of using Gelsemium which has grown out of the using of large doses. It should never be given in doses of gtt.xx. but in small doses frequently repeated. In cases of neuralgic headaches due to malarial poisoning commence by giving quinine in grs.xx doses, give ten doses like this, and if it does not do any good turn right around and give quinine in stimulating doses of grs.ii each. If the quinine fails give

R. Liquor Potassii Arsenitis gtt.v
 Tincture Belladonna gtt.v

Increasing the Fowlers solution 1 drop every ten days until the point of tolerance is reached, shown by the oedema of the lower eyelid. If the attack is very severe, a hypodermic injection of morphia and atropia can be administered.

If with this neuralgia is found a condition of anæmia, give Iron, Strychnia and Quinine and build up the system with good food, and hygienic surroundings. It is necessary to say but little about malarial headaches. The drug to be given is quinine, given in the same manner as in intermittent fever. Arsenic and iron can also be given in some cases. Syphilitic headache is due either to gummy tumor, exostosis from the skull or syphilitic neuralgia. It may in some cases be relieved by small doses of calomel gr. $\frac{1}{16}$ given every hour for ten hours preceeding the headache, which usually occurs at about the same time every afternoon.

Alcoholic headaches may be either acute or chronic, the acute form is caused by a disturbance of the digestive system and a cerebral congestion. The patient should be put to bed and given a cathartic followed by a stimulating mixture as the following :

R. Spts. Ammonia Arom. drachm $\frac{1}{2}$
 Tinct. Capsicum gtt.v
 Spts. Camphor gtt.xv

M. give this every two hours also try and get the digestive system in good condition. It is very important to give the patient sleep, good food, and keep him from getting more alcohol, as he sometimes does after a debauché.

A Dyspeptic headache is dependent on a disturbed digestion, either hepatic or gastric or intestinal. A general rule can be laid down for treatment which is founded on clinical observation. If the headache is frontal it can be relieved by the administering of a mineral acid. This can be given either:

R. Acid Nitro-Muriat Dil. gtt.xv Sig. in a half glass of water after meals ; or gtt.v every 3 hrs. When the headache is felt further up, about the

roots of the hair, an alkali is indicated as the Bicarb. of soda in doses of grs. xxx, either before a meal or at any time when the headache is felt. Salicylic Acid and Bromide of Ammonia can also be used with benefit.

The other indications in dyspeptic headache are to keep the bowels open, because constipation increases the headache by reflex action, and to overcome flatulence and improve digestion.

Gouty headaches are not uncommon. The treatment consists in giving alkalis and salines, as Carlsbad Salts. The following is very useful :

R. Vinum Colchici Sem. drachms $1\frac{1}{2}$
 Ext. Taraxaci fld oz. 2
 M. Sig. drachms 1 three times a day.

Give until a decided laxative effect is produced. It is well known to the laity that in all headaches relief may sometimes be obtained by the application of heat or cold to the head, or mustard plaster to the back of the neck. But it is not so well known that a mustard plaster to the pit of the stomach will also relieve some headaches. Counter irritation is useful sometimes in severe cases, it may be applied by blister to the back of the neck or the Thermo-cautery along the spine. Optic defects are often responsible for severe and long continued headaches. Proper glasses will cure such. Uterine and ovarian derangements too, are often the cause. Remove such derangements.

A SERIES OF ONE THOUSAND CASES OF ABDOMINAL SECTION.

BY LAWSON TAIT, F.R.C.S.
 BIRMINGHAM, ENG.

The conclusion of such a series affords a suitable time for a retrospect and a critical examination of the results of the work and a consideration of what general conclusions may be drawn from them.

The first point for consideration is an accurate determination of the meaning and application of the term abdominal section, and this is by no means so easy a matter as might at first sight be imagined. I have gathered from the writings of others that there is by no means a complete agreement on this point, and there are several of my own cases upon whose classification I have considerable doubt. The commonly accepted view is that an operation is not an abdominal section when the peritoneum is not opened, yet there are many operations where this is done that are not, at least so far have not, been classified as abdominal sections. Thus herniotomy, when the sac is opened, would be an abdominal section if

this definition were logically followed.² The removal of a kidney or the opening of the colon might or might not be an abdominal section by the accidental peculiarities of any particular case. Indeed, numerous difficulties may be raised. Any definition can be objected to, and no hard and fast line can be logically followed, but it seems to me that less confusion will arise upon the discussion of many points if we take the definition I have indicated, and therefore I follow it. The only changes effected by it upon the series already published are that a few kidney operations, all successful, are excluded, as are also two cases of removal of extraperitoneal cyst, both fatal operations. The difficulty mentioned in connection with herniotomy does not occur in my practice, as I do not perform such operations save in the umbilical variety, and that operation no one can object to being classed as an abdominal section.

I desire to be understood, therefore, that in all of the cases in the following analysis of the series, the peritoneum has been involved.

ANALYSIS.

	Cases.	Deaths	Percentage, Mortality
Exploratory incisions.....	94	2	2.1
Cystoma { Parovarian.....	65	2	3.07
{ One ovary.....	239	26	11
{ Both ovaries.....	101	5	5
Removal of appendages for myoma.....	99	7	7
" " " " inflammatory disease.....	201	10	5
" " " " epilepsy.....	6	0	0
" " " " deformity.....	1	0	0
Hysterectomy.....	54	19	35.7
Opening for draining pelvic abscesses.....	30	0	0
" " incomplete operations.....	30	15	50
" " cholecystotomy.....	13	0	0
" " nephrectomy.....	3	0	0
" " nephrotomy.....	9	0	0
Extra-uterine pregnancy.....	11	2	18
Hepatotomy for abscess and hydatids.....	10	0	0
" " hydatids of peritoneum.....	2	0	0
Tumors of omentum and mesentery.....	5	0	0
Enterotomy.....	8	1	12.5
Adhesion of intestines relieved.....	2	0	0
Chronic peritonitis opened and drained.....	7	1	14.3
Acute peritonitis.....	2	1	50
Umbilical hernia.....	4	0	0
Cæsarean section.....	1	1	100
Scirrhus tumor of abdominal wall.....	1	0	0
Suprapubic lithotomy.....	1	0	0
Enucleation of myoma.....	1	1	100
	1,000	9.3	

The question of the best anæsthetic for use in abdominal surgery is one to which of course I have given a very large amount of attention, and it is very singular that in the class of drugs, the action of which there can be the least doubt about, we are as yet certainly very unsettled in our views. Like all pupils of Simpson, I began my professional life with a most profound belief in the advantages of chloroform over all other anæsthetics. I have never seen an accident from chloroform, but partly

by reason of the fear of inquests and partly by the example and teaching of Dr. Keith, a belief grew in my mind that ether was preferable to chloroform, and at first I had the impression that the sickness after ether was less marked than after the use of its rivals. I was not, however, very long in discovering that ether has special risks for people with tendency to bronchitis; and later on I discovered, and have already published the fact that during the administration of ether the secretion of urine is completely arrested. It was subsequently very forcibly impressed on me that for patients with damaged kidneys ether is a dangerous anæsthetic, and although I cannot say that I have seen any fatal results arising from this peculiarity of its action, I certainly have had abundant cause to fear it. My first alteration, therefore, in my views concerning ether was to limit its application to patients under forty, but even after this I found my confidence in its safety greatly diminished by the fatal occurrence of bronchitis in a case of hysterectomy in a woman aged thirty. In this case the patient's breathing was embarrassed from the moment she recovered from the anæsthetic, her urine was scanty and became ultimately albuminous, and she died on the fourth day from suffocative catarrh, the post-mortem showing that so far as the operation was concerned everything was perfectly satisfactory.

Among my other experiences of anæsthetics was the employment of bichloride of methylene and of Richardson's mixture, generally known as methylene ether. The latter is by far the most easy of employment of all the anæsthetics I have seen tried. Patients recover more rapidly from it and seem to be less affected by it than any other anæsthetic; but I had a death from it, and on that account promptly gave up its use. The bichloride of methylene has many advantages, but it has one practical disadvantage, that its application requires a special apparatus and an amount of skill in the employment of that which cannot always be had. I have also found that the sickness after it is more persistent and troublesome than after ether or chloroform, and there are some patients who are kept under its influence with very great difficulty. A further objection to it is that it does not keep well, and it certainly is not commonly supplied in a pure condition, so that my employment of it was not very extensive. The last stage of my experience in the employment of anæsthetics is the use of a mixture of two parts of ether and one part of chloroform, given by means of Clover's apparatus. This mixture is rapid in its action is not at all unpleasant to the patient, and certainly the sickness after it is far less than with anything else I have ever used. I cannot say that I think it more safe than any other anæsthetic, for we may be quite certain

that with none of these drugs will there ever be absolute security against accidents. but I have seen no bronchitis after its use : it has no effect in arresting the secretion of urine, and, on the whole, I am far better pleased with it than any other, and I may say that Dr. Annie Clarke, who has now been my administrator through a very extensive experience, is quite in agreement with this conclusion.

The first point to attract attention is the general death-rate, 9.3 per cent. Whether this is high or low I cannot say, for no such series has before been published, and, therefore, I cannot discuss it relatively. I think it high, and am perfectly certain that if I live to complete another such series it will have a very much lower mortality, and for two reasons: In the first place, the present series contains my early work, where the want of experience told heavily. Contrasting the results in my first series of fifty ovariectomies (thirty-eight per cent. mortality) with my last three hundred and thirteen (4.76 per cent. mortality), is enough of itself to indicate the terrible influence of want of experience; and though other factors enter into the explanation of this great difference, the influence of inexperience is everywhere visible. In hysterectomy it is very evident, and in the removal of diseased appendages, but it is most apparent in the undue preponderance of incomplete operations in my early practice. Many operations were then left unfinished which would not be so now, and therefore a heavy item of mortality would be removed.

This quite justifies what I said in my first contribution to abdominal surgery, that in this branch of our art "more, I think, than in any other in the whole field of surgery, does the personal experience of the operator, gained by failures and hair-breadth escapes, serve him in good stead for his subsequent work."

The second reason from which I predict that my second series of a thousand cases will have a much lower death-rate is that important causes of failure have been completely removed by the discontinuance of the clamp in ovariectomy and of the ligature in hysterectomy, and cases of all kinds are now operated upon at earlier stages of these diseases than they were when I first began my work, all of which points will be discussed in their proper places.

The first group of cases of which I have to speak is formed of ninety-four exploratory incisions, made for the purpose of ascertaining exactly the state of matters inside the abdomen and settling any doubt as to the diagnosis and prognosis in each case. Ninety-four is a very large number, but it must be remembered that years ago I advocated an exploratory incision in preference to a first tapping, and that I have persistently

carried out the practice. As I have said many times before, so I say again now, I make exploratory incisions to be sure that I am not wrong, whereas formerly I used to make them only to find I was entirely mistaken. They serve the purpose of completeappings, and, as the patients almost uniformly recover, they do no harm at all. There are two deaths recorded in this group, but I might have eliminated these two cases with perfect fairness, for one died really of the prolonged sickness after the anæsthetics, a broken-down old woman of sixty, and in the other I passed a trocar into the irremovable tumor, so that the operation was not strictly limited to mere exploration.

In nearly fifty of the cases the exploration has amounted merely to a tapping. Occasionally it was followed by drainage, and in some of these cases results of the most marvelous kind have followed—results which have completely justified the practice. In four cases I have explored the abdomen to see if I could remove the spleen, and in two of these the enlargement of the organ has completely disappeared, and the patients have now perfect health. In one case, resident in London, I opened the abdomen and found a large tumor of the liver, which seemed to me to be certainly malignant. The ascitic effusion has not occurred again, and the tumor now, nearly a year after the operation, is certainly less than half of its original size, and the patient is rapidly getting well. In five cases, where there was a large effusion due to papilloma, mere exploration has completely cured the patients, a singular fact that I have already drawn attention to. It is perfectly impossible to understand this, just as it is perfectly impossible to understand how papilloma in two cases, presenting in every detail identically the same characters, is a curable disease in one and a rapidly malignant disease in the other. But of this there can be no doubt now, for my original observation has been fully confirmed by Mr. Albon Doran. Several cases have also been published where pelvic pain has been relieved in a most inexplicable way by mere exploration.

The great advantage, however, of this extended application of abdominal section is most apparent in other groups where tumors have been removed and diseases cured under circumstances apparently hopeless, and when the operation was begun under the belief that nothing satisfactory could be accomplished.

The next group includes four hundred and five cases of cystomata. Of these I have nothing new to say; there is nothing that I have said of recent years that I have to unsay, unless it be that I have an impression that in some previous paper I have said that I never lost a case of

removal of a parovarian cyst. I cannot find the statement, but I have a strong impression that I did say it, and now I display a group of sixty-five cases of removal of parovarian cysts, with two deaths. These two cases have been dissected out of my earlier lists published before I recognized the importance of separating parovarian from ovarian cystomata. The explanation of the fatalities is that they were clamp cases.

Upon the subject of the clamp, as on the subject of Listerism, I have nothing more to add to what I have already said, and the following analysis of the four hundred and five cases proves, as clearly as any figures can indicate a conclusion, that the clamp was the chief cause of my early mortality, and that Listerism had little or no influence one way or the other.

	Cases.	Deaths.	Mortality. per cent.
Clamp (Listerian).....	36	9	25
Clamp (non-Listerian).....	26	7	27
Ligature (Listerian).....	30	2	6.6
Ligature (non-Listerian).....	313	15	4.80
Total.....	405	33	8.15
Extraperitoneal cases.....	62	16	25.7
Intraperitoneal cases.....	343	17	4.98

The diminution of mortality, about two per cent. in the group of cases (313) where I used the intraperitoneal method without Listerian details, when compared with the group (30) when I used the same method with Listerism is in all probability due to increased personal experience. I have only further to say that as far as I am concerned this statement ends all discussion of this much-debated subject, unless something should happen to alter my opinions about it. For the present I am tired of wrangling about it.

The third group contains ninety-nine cases of removal appendages for the arrest of the growth of uterine myoma and for the hemorrhage due to that disease; and in connection with these cases it will be convenient to discuss the group of hysterectomies, fifty-four in number.

Nothing could be more startling than the different mortalities of these two operations, and it is only fair to the first of the two to say that five out of the seven deaths occurred in the early part of my practice, and that the other two might very fairly be reckoned on a list of what Mr. Bryant calls "too late" cases. My belief is now firmly established that if this operation were performed as soon as symptoms drew attention to the disease its mortality would be hardly appreciable, and it would restrict the necessity of the terrible operation of hysterectomy to a very small group of cases. I am glad to know that in this view I am supported by Mr. Knowsley Thornton. The operation is very often not

an easy one, and in the earlier part of my practice it happened three times that I was unable to complete the operation; one of these cases died. In another I could neither remove the appendages nor the tumor; it went on growing, and was removed (hysterectomy) some years after by Mr. Knowsley Thornton, with a fatal result. The third incomplete case died, I am informed, about two years after my attempt, from protracted hemorrhage.

The ultimate results of about a third of these cases I have already published, and the whole of them will form the subject of a detailed paper when a sufficient time has elapsed to enable me to obtain fair conclusions.—*Medical Record*.

NOTES UPON MEDICAL PROGRESS.

BY L. H. WOOD M.D., DENVER, COLO.

Dr. Austin Flint (New York Med. Jour., Nov. 29, '84.) in a recent address, delivered before the N. Y. Medical Association upon Medicinal and Non-Medicinal Therapeutics, makes, among others, the following very pertinent and characteristic remarks, which, although not new, will bear repetition.

Alimentation is an essential factor in the therapeutics both of acute and chronic diseases and in the maintenance of health. There is never danger from over-nutrition in either acute or chronic diseases. Whatever harm there may be from over-ingestion of food relates to processes preliminary to assimilation and nutrition. The immediate lethal agency, when diseases destroy life by slow asthenia or exhaustion, is chiefly innutrition. Patients cannot be over-fed so long as the food taken is digested, assimilated and appropriated by the tissues. Appetite and the sense of taste should govern the choice of food to a considerable extent in disease as well as in health, but when from disease the instincts fail to express the needs of the system, the practitioner must use his judgment.

The doctor considers beef-tea, and its analogues, the various extracts and expressed juices of meat, to be a delusion and a snare which has led to the loss of many lives by starvation. The quantity of nutritive material in these preparations is insignificant or *nil*. Water and pressure fail to extract the alimentary principles from meat, but do extract the excrementitious principles; hence beef-tea has been compared to urine, and has proved fatal to dogs fed upon it.

Leube's meat solution, which consists of flesh brought by artificial digestion to the condition of peptones, he regards as representing all the

alimentary principles of meat, and excepts from the above condemnation.

Chewing meat and rejecting by exspuition the nutritive parts, he considers not less irrational than disgusting.

The value of alcohol in therapeutics he considers as yet undetermined, but regards it as a food. The tendency of late years is to use it with increasing reserve. Dr. Flint attacks the popular idea of "catching cold" as an etiological factor in disease with much ardor, and considers the fear of a "cold" to be a cause of much improper hygiene in the sick room; poor ventilation, and a superabundance of covering contaminating the atmosphere and retarding free cutaneous exhalation.

IMPACTED EXTRA-CAPSULAR FRACTURE OF THE NECK OF THE THIGH BONE.

Dr. J. C. Hutchison (same journal) in reporting an interesting case of the above injury, mentions a diagnostic symptom not found in the books.

The symptoms of the injury were these, viz : No eversion of the limb with ability to invert slightly—pain in right groin and trochanter, the latter *relieved* by pressure—depression of right trochanter with unnatural fullness in the inguinal region *and the development of muscular twitchings about the seat of injury* : this latter symptom is said not to be mentioned by any author. There are usually present pain on pressure over trochanter and eversion of the limb : both these important symptoms were absent.

In regard to treatment he regards it as important to observe the utmost caution in examining the limb, that the impaction be not disturbed even if not in the best position ; and rather to risk a possible error in diagnosis than certain injury to the patient by endeavoring to elicit crepitus.

To maintain the impaction by keeping the patient at rest, avoiding undue manipulations; moderate extension in the straight position to steady the limb, and lateral pressure over trochanter by sandbags or long external splints he considers to be the important points in the treatment.

THE TREATMENT OF OPIUM ADDICTION.

Dr. J. B. Mattison, Brooklyn N. Y. (St. Louis Courier of Medicine, Dec. 1884.) recommends large doses of the Bromide of Sodium during the treatment of the opium habit. He gives at first sixty grains, twice daily, and increases the dose twenty grains daily to a maximum dose of 100 to 120 grains twice in twenty-four hours. During this time the opiate is gradually reduced, being entirely abandoned by the eighth to the tenth day, the bromide being then gradually withdrawn.

He does not recommend this treatment in cases complicated with serious lesions of the heart or lungs, nor in those with marked general debility.

In cases of hyperdermic use of the drug, he at the outset changes the form of the habit by giving full doses *per os* before greatly reducing the quantity used. He claims for this mode of treatment, to be able to conduct cases to a cure without the loss of a single entire nights sleep. Other drugs are used in conjunction as occasion may require, each case being treated according to its individual peculiarities.

MANAGEMENT OF NATURAL LABOR.

W. M. McPheeters M.D. (St. Louis Courier of Medicine, Dec. '84.) in an interesting paper upon the above subject gives the following methods of preventing rupture of the perineum. Towards the close of the second stage of labor, when the head or presenting part is pressing firmly on the perineal floor, he applies towels dipped in hot water (as hot as can well be borne) to the perineum, removing them as they become cool, until the child is born. He claims to have thus obtained great immunity from rupture of the perineum and comfort for his patients.

THE ANTIPYRETIC ACTION OF KAIRIN.

In a paper read before the British Medical Association by F. J. B. Quinan M.D. (British Med. Jour. Dec. 6, '84.) is the following description of the new antipyretic, Kairin hydrochlorate, the hydrochlorate of oxychinolin-ethyl, a phenol derivative, which appears to have a future before it. It is a yellowish-grey crystalline powder, very soluble and manageable, but with an intensely acrid burning taste. It is best given in wafer-paper, and should be always followed by a drink either of water, or better, of warm weak tea. Given in doses of ten grains every hour and a half, after about four doses he found the temperature to be reduced, the pulse lowered in volume and copious perspiration brought on. It has been given in doses as large as one and a half grammes (22½ grs.).

A BILL.

For an act entitled "an act to provide for the allowance of additional Witness fees to Physicians when examined as Experts in Courts of Record."

Be it enacted by the General Assembly of the State of Colorado :

SECTION. I. That, whenever any physician is called as a witness to give expert testimony in any Court of Record of this State, the court shall allow to any such physician in addition to the witness fees now

provided for by law, such further compensation as in the judgement of the court may be reasonable, not exceeding \$50 (fifty dollars) per day, to be paid in the same manner as witness fees are now paid, provided, that such additional witness fees shall not be allowed to more than three such medical experts on each side of any suit or proceeding in any such court.

The reason why such a bill as the above should pass are obvious to every medical man. It provides for the just payment of the time of the physician which must necessarily be consumed by his attendance at court and offers compensation for the labor involved in preparing his testimony. He expects and should receive pay for his services to the county or state as he would expect it from individuals. These matters are so self evident that no ground for difference of opinion exists and it is therefore fair to expect that every physician in the state should exert whatever influence he may possess to forward the progress of the bill. If an earnest effort to secure the passage of this bill should be defeated physicians have, to a certain extent, a remedy in their own hands which they should at once adopt, and courts and attorneys must at length be made aware that the interest of justice demand that the physician should be properly paid. We can refuse to qualify ourselves to testify understandingly. No power of the courts can compel a doctor to perform an autopsy in a case liable to come up in court, to examine a person to determine his sanity or insanity, or to sit day after day in a court room listening to testimony in order that he may form from it an expert opinion. Let the physician refuse then to place himself in a position where his opinion can be demanded in the absence of any law to compensate him and courts will recognize the justice of our demands.

If physicians would work unitedly in this matter it would produce the best results and there can be little doubt that all reputable physicians would thus agree. Those whose opinions are worth little or nothing, who are always ready to appear before every petty justices court for the purpose of obtaining what they most crave for, notoriety, will soon learn that acute attorneys do not value their opinions but seek out instead those who put a just value upon their services. Do all in your power therefore to aid in passing the above bill.

X. Y. Z.

SICK HEADACHE.

FRANCIS F. BROWN, M.D., BOSTON, MASS.

From the Boston Med. and Surg. Jour., Oct. 25, 1884:—Sick headache, migraine, is a neuralgia. This is not the popular impression.

Sufferers from it attribute it to "biliousness." This is not only the popular belief, but it was the doctrine of the systematic works until not many years since.

That this disorder is a neurosis is evident from the behavior of the attack, its change in subsequent years into ordinary neuralgia, its local effects in some cases, and its hereditary character and connections with other neurosis.

First. I think no one can watch closely an attack of sick headache, especially if in his own person, without seeing evidence of its neuralgic character.

To begin with, there may be up to the time of the onset not the slightest symptom of gastric or hepatic derangement. Persons subject to sick headache have usually premonitory symptoms which tell them an attack is impending, and are usually the same in the same person. Some of them are sudden noises in the head, flashes of light or globes of fire before the eyes when they are closed, black spots, an appearance like a gauze veil quivering, ability to see only half an object, sleepiness, etc. Whatever they are the patient knows very well what they mean. In a large majority of cases the whole course of the attack is passed through between sunrise and sunset or a little later. Some, however, and these are usually the hereditary and severer cases, suffer for two or three days of extreme wretchedness before the storm blows over. It is evident that this is something very different from the headache which is consequent upon gastric and hepatic derangement only.

Second. The neurotic character of sick headache is shown by its gradual change with the increasing age of the patient into ordinary neuralgia, preferably of the ophthalmic branch of the fifth nerve.

Third. Another fact, as given by Anstie, showing its neuralgic character, is the results which sometimes follow on the track of the fifth nerve, which is the nerve most affected, and the seat of greatest pain, namely, iritis, ulceration of the cornea, blanching of the hair or eyebrow, local anæsthesia and periostitis of the frontal bone. The four latter of these occurred in Dr. Anstie's own person; the local anæsthesia remained permanent.

Fourth. Another point showing its character is the family relations of the disease. That it is often hereditary we all have had opportunities of observing, and the most intractable cases are among those who have had neurotic ancestors.

Sick headache is more frequent in women than in men, in those who are the subject of other neuralgias than the opposite, and in general is a

disease of debility. To this latter statement there are apparent marked exceptions. Occasionally we find a subject of it who carries the appearance of robust health. My impression is that these cases usually belong to families who are subject to it or the allied neuroses.

The immediate occasion of an attack may be anything which tends to exhaust the system, especially overwork, which wearies the body while it taxes and worries the mind, and loss of sleep. Any slight deviation from one's usual routine, like a shopping excursion, or late hours, loss of a meal, or eating at an unusual hour, will induce an attack in some persons. In typical migraine I think exhaustion or loss of sleep is the occasion of ten attacks to one where indigestion is the cause.

In treatment we aim, first to avert an impending attack; second, to put the system into such condition as to render it less liable to one.

First, to avert an impending attack, the most efficient remedies are guarana and caffeine. Thirty grains of the powder, or a teaspoonful of a good fluid extract of guarana, or three or four grains of caffeine, should be given every twenty minutes or half hour till three doses are taken, unless the symptoms sooner show signs of abating. This is a point I wish to emphasize strongly; it is the key to their successful use, namely, to give full doses, and to give them in the very first threatenings of an attack.

Attention to some minor points may aid in averting an attack. When the patient has undergone any unusual fatigue or loss of sleep, anything which his own experience leads him to suspect will be followed by sick headache, I think, I feel quite sure, that a full dose of bromide of potassium, thirty to sixty grains at bed time, will lessen his liability to it. This drug is useless, it seemt to me, after the attack has begun. Under the same circumstances, if the patient is at all constipated, an aloetic laxative is serviceable. So trifling a matter as slight constipation appears at times to turn the scale under these circumstances.

Of more importance than to repel a single assault is it to so fortify the system that none will be made. How to do it must be left to the judgment of the physician in view of the needs of each individual case. Every drain and tax and irregularity that the patient has learned by experience invites an attack must be looked after and stopped. Loss of sleep and irregular hours must be prevented.

I wish to add a few words about the use of *cannabis indica*. In this drug I believe we have a remedy of great value in migraine. My attention was particularly called to it by an article in the *New York Medical Record* of December 8, 1877, by Dr. Seguin, who says that in doses of one-third to one-half grain of good extract, thrice daily, continued for

months, not less than three, it diminishes in a marked degree one's liability to these attacks. My experience has been quite limited, but I have had a few patients whose improvement from its use, after the failure of tonic treatment alone, has been very marked.—*Quarterly Epitome.*

ONE GRAIN OF COCAINE.

It takes about four hundred and eighty grains of the cocoa leaves to make one grain of the cocaine, *and not one hundred pounds.* The leaves must, however, be of the very best quality.

BOOKS AND PAMPHLETS.

A CONTRIBUTION TO THE RELATIONS OF OVULATION AND MENSTRUATION.—By A. Reeves Jackson, A.M.M.D., Prof. of Gynecology in the college of Physicians and Surgeons, of Chicago, Rept. 19 pages.

MODERN MEDICAL THERAPEUTICS.—A compendium of recent formulae and specific Therapeutical directions, from the practice of eminent contemporary physicians, American and Foreign—by George H. Napheys, A.M., M.D., etc., edited by Joseph F. Edwards M.D. and D. G. Brinton M.D. Eighth Edition, enlarged and revised. Published by D. G. Brinton, 115 South Seventh street, Philadelphia, Pa. This well known work needs no comments, it is simply invaluable to the general practitioner. 629 pages.

ELEMENTS OF PRACTICAL MEDICINE.—By Alfred H. Carter M.D. London Member of the Royal College of Physicians, London; physician to the Queen's Hospital, Birmingham, etc., etc., etc. Third edition, New York, D. Appleton & Co., 1, 3, and 5, Bond street, 1885—447 pages. The work of its kind is most excellent, and we bespeak for it a large sale. * * *

PHYSICIANS' DAILY POCKET RECORD—Comprising a visiting list, many useful memoranda tables, etc., by S. W. Butter, M.D., nineteenth year, Revised etc. Edited by D. G. Brinton, M.D. Published at the office of the Medical and Surgical Reporter, 115 South Seventh street—1885.

ANNALS OF SURGERY.—A monthly review of Surgical Science and practice, edited by L. S. Piltcher, M.D., of Brooklyn, N. Y., and C. B. Keetly, F.R.C.S., of London, Eng. This is the first and only journal in this country devoted exclusively to Surgery. Subscription price \$5 a year in advance. Publishers, United States, J. H. Chambers & Co., St. Louis.

MANAGEMENT OF NEW-BORN INFANTS.

The *Medical World* says: In the management of the new-born infant we are gradually approaching nature's methods. In the maternity department of the Woman's Hospital in Philadelphia, the management of new-born babes has been as follows: As soon as the head is born the eyes are washed with an antiseptic solution. When the body is born the child is left in the bed to await the expulsion of the placenta. No effort is made to remove the placenta under a half or three-quarters of an hour; before this time it is generally expelled by nature. When the placenta is expelled it is placed in a pan, and the child is wrapped up and laid away with the placenta still attached. The child is now left and the attention is given to the mother. After the mother is properly cared for, the child receives attention. By this time the pulsations in the cord have long since ceased. The cord is now cut and the blood is "stripped" out of the stump, but neither end is ligated. The stump is not dressed, nor is any band put around the child's body. The child is neither washed nor dressed, only a diaper and a simple "slip" or gown is put on, and then it is warmly wrapped up and put in a little bed to itself. After twenty-four hours it is taken to the baby's bath-room (which is properly heated) and there it is washed and dressed. Dr. Tyng, the physician in charge, tells us that since this plan has been adopted the babies get along much better. We were in the wards in this department about an hour, and during that time we did not hear a single cry from babies. They all seemed contented and happy and were doing well. We are convinced that washing the child immediately after birth, and keeping it half naked for a long time during the process of careful dressing, is not good practice.—*Weekly Medical Review*, Oct. 18, 1884.

"PEPTONIZED" COD-LIVER OIL AND MILK.

While the value of cod liver oil in pulmonary troubles is beyond question the fact is about equally well-established that the cases in which it is most clearly indicated are those least competent to assimilate or even tolerate an agent which calls for the exercise of full digestive activity to secure its effective action. To meet this difficulty many efforts have been made, with more or less success. In Reed and Carnrick's preparation now offered us, however, we feel confident a great advance has been made. Not only is the oil peptonized, making its assimilation easy to even the most delicate stomach, but the taste—so intolerable to a great number of patients—is completely masked by com-

pounding with it probably the best and most pleasant vehicle available, viz., milk. This latter is condensed *in vacuo* to about the specific gravity of the oil itself, and so thoroughly incorporated with it, by a new and original process—as to completely overcome the tendency to separation so characteristic of the ordinary emulsion. The therapeutic value of the preparation has been fully demonstrated by a three years' test in leading American hospitals, and by a mass of clinical evidence from individual practitioners. In Britain this preparation has been most favorably received, and we have no doubt that in Canada also it will have full and careful test at the hands of the profession. We have received sample bottles and take pleasure in recommending it to the Medical profession.

GREAT SURGICAL OPERATION.

The Dublin *Medical Press and Circular* of October 1, 1884, says:—

The current number of the *Independence Belge* mentions a great surgical operation which has just been performed in Brussels by Dr. Langenbusch, of Berlin, who must not, however, be confounded with his eminent fellow-citizen Langenbeck. The subject of the daring and successful proceeding was M. Eugene Anspach, the Deputy Governor of the National Bank of Belgium, who has been for many years suffering from a collection of gall stones, which have kept him in a state of aggravated suffering (*douleur atroce*), and have latterly defied all measures of relief. M. Langenbusch, summoned specially from Berlin, proposed to lay open the gall bladder, with antiseptic precautions, admitting, however, that he had only performed this operation four times, and that but one of these cases recovered. M. Anspach's family and friends were much dismayed at this announcement, and begged that the operation should not be performed. M. Anspach was firm, and reflecting that without it he would not live long, and that in the meantime his life would be worse than death, decided on the operation. Even at this supreme moment the banking mind asserted itself, and M. Anspach remarked, "after all, one in four is 25 per cent., and that is a fine dividend." "You have had one recovery already, doctor," he remarked, "and I will be the second," an element of confidence which no doubt had something to say to the result. The operation was performed on the 9th of September, and 125 calculi were extracted from the gall bladder. M. Anspach suffered a good deal after the proceedings, but is now out of danger and in complete comfort. We trust he will long live to enjoy the reward of his own pluck and of the skill of his surgeon. It is a curious circumstance

that this operation has to a certain extent been anticipated here. The late Sir Timothy O'Brien suffered from gall stones, and the late Sir Dominic Corrigan worked down into the gall bladder by means of a potash issue, and removed them. Sir T. O'Brien's recovery was complete.—*Canada Med. Record.*

MASTURBATION IN THE FEMALE.

The *Medical Bulletin*, Oct. 1884, contains the following remarks by Dr. William Goodell :

Masturbation is not so readily accomplished in the female as in the male. Many females who practice this vice never reach the orgasm. It seems as though it were necessary that the whole vagina should be dilated and impinged upon, as in the natural act. I have taken a good deal of interest in the investigation of this matter, and I have seen a number of cases where masturbation was practiced without the orgasm being reached, there being produced simply excessive excitement, the masturbator being obliged to desist from sheer weariness. This will explain why it is that when masturbation is practiced by the female it is carried to a much greater extent than it is in the male. I had a female patient who masturbated as often as eight times a day. There is no male that could stand such a drain on the system. It would end in excessive prostration, spinal trouble, or insanity. In that case, in spite of the use of the largest doses of bromide of potassium, which is a specific, in spite of all moral persuasion that could be brought to bear, the practice was continued. I applied cantharidal collodion to the whole vulva, producing a really cruel condition, but still the practice was continued. Under such circumstances the habit is a disease.

What does masturbation in the female produce? It will cause intense congestion of the ovaries, and this will lead to the same condition in the annex of the ovaries, the womb, for the womb is really an annex of the ovaries. The womb is simply a pouch, while the ovaries are something more than that. This may lead to the production of an ectropion of the lining of the canal, and on two or three occasions I have found it very difficult to decide between this condition and laceration of the cervix. In two of these cases the hymen was present. On looking at the part, it closely simulated laceration, and the test with the tenacula failed to reveal the nature of the condition, for the tissues were so infiltrated and soft that they could be brought together, covering up the erosion. In these cases I am satisfied that masturbation was practiced.

What are the evidences of masturbation as revealed by an examination of the parts? In the first place, the clitoris is much elongated and the prepuce is hypertrophied and thrown into wrinkles. The nymphæ, which start from the clitoris and form the hood of the prepuce, from being rubbed become lengthened and thickened, and often there is more or less redness of the parts.

PHILADELPHIA ITEMS.

In asthmatic affections Prof. Bartholow says the inhalation of iodide of ethyl is of great utility.

Prof. Gross says chloroform is an exceedingly safe anæsthetic for infants and very old people.

Prof. Bartholow says that it would be well if tartar emetic had passed entirely into disuse as an emetic.

To keep the bowels open in dyspepsia Prof. DaCosta says the best thing is aloin gr. $\frac{1}{16}$ to $\frac{1}{8}$ twice a day.

Prof. Gross condemns œsophagostomy and considers gastrostomy the best operation for impassable stricture of the œsophagus.

Prof. Bartholow states that in his experience antipyretics do not diminish the mortality in typhoid fever, but more likely increase it.

In cases of epilepsy of long duration Prof. DaCosta advises the use of the effervescing form of the bromide of nickel, in doses of gr. v to x *ter die*.

Prof. Bartholow; "The time will be short when electrical illumination will be one of the most common methods of diagnosis.

Prof. Parvin considers a milk diet as most important in the hydræmia of pregnancy. Ferrum redactum is the best form in which to administer iron in this condition.

Prof. Gross, at the clinic, painted an angioma with a solution of corrosive sublimate one part, in collodion seven parts, repeating the application as the layers come off.

Prof. Bartholow speaks very favorably of the latest substitute for quinine, to wit: antipyrine; and says "it is a certain and powerful antipyretic."

In the Hospital, Prof. Gross used with marked success absorbent cotton saturated with a one per cent. solution of citric acid, applied to the ulcer of carcinomata, to relieve pain.

Prof. Parvin does not believe it proper treatment to keep a woman's bowels locked for several days, after he has operated upon a lacerated perineum, but allows a gentle movement daily.

Prof. Bartholow says we ought not to despise the effect of the actinic rays of sunlight. The ointment of the red iodide of mercury should be applied in the sunlight, and the part held there for a time.

When lecturing upon the female pelvis, Prof. Parvin showed the class the pelvis of an Egyptian mummy, and stated that it was at least 2800 years old. It is still in a good state of preservation.

At the clinic, Prof. Bartholow said few American stomachs are equal to the digestion of oatmeal. It is true that the Scotch manage to eat much of it, but there is no nation so subject to indigestion as they.

Remarkable curative effects have followed the administration of hyoscyamine in paralysis agitans, at the clinic. In some cases it is alternated with liq. potassii arsenitis in small doses.

Prof. Brinton teaches that in fractures in the middle of the clavicle, the inner fragment is not elevated by the cleido-mastoid, as is generally supposed, but that the outer fragment, by force of gravity and weight of the arm, is pulled down, thus making the inner fragment *appear* as if drawn down.

Prof. DaCosta has found that the liability to lead colic is greater where much turpentine is used. A lady under his observation had attacks of lead colic if painting was done in the neighborhood, even half a block away, and she did not know of it. Another patient, male, was attacked on going out of his front door, under similar circumstances.

At the clinic, Prof. Bartholow gave nitro-glycerine to a patient with a mitral lesion causing pulmonic and renal congestion, albuminuria and general œdema. He thinks it the best thing we have for congestion of the kidneys, and valuable to take work off the heart, by lowering the tension. It does not interfere with nutrition, like digitalis. One drop of a one per cent. solution, slowly increased to flashing of the face, is the dose.

NOTES AND MISCELLANY:

Cocaine is used for painless filling of teeth in New York.

During the year 1884 the Six Faculties of France produced about seven hundred doctors.

Prof. Virchow has had a severe attack of gout cured by a course of Carlsbad water—and time.

Dr. Thomas, of New York, says that among drugs the permanganate of potash is the emmenagogue.

Dr. F. A. Burrell has used in hemorrhoids with alleviation of pain an ointment made of coca leaves, heated lard and an alkali.

Parke, Davis & Co.'s Normal Liquid preparations give great satisfaction.

Dr. Christopher Columbus Graham, of Louisville, Kentucky, recently celebrated his hundredth birthday in the enjoyment of a banquet tendered him by his neighbors.

William Darling, M.D., F.R.C.S., the eccentric Scotch Professor of Anatomy in the Medical Department of the University of the City of New York, died of pneumonia, December 24th.

The first essential in the intelligent use of the essay and for the avoidance of its abuse is a correct diagnosis; and the second is an understanding of its action. Without these nothing but confusion and probably injury can follow.—*Bantock*.

Prof. William Darling, whose death has been announced, was an eccentric old bachelor who lived at the University building in the most simple and unpretentious way. He regularly left the college at three o'clock every afternoon, and walked on foot to and from Rolfe's chop-house, in John Street, where he dined. He took pride in living on a ridiculously small sum per diem, and in this way he amassed a considerable fortune.

Try Peptonized Cod Liver Oil and milk, Reed and Carnricks' preparation will not disappoint you.

Of one hundred and thirty-nine physicians engaged in attending cholera patients in Naples under the White Cross Society, twenty died.

Sponging the surface of the body with a solution of quinine in alcohol—one drachm to the pint—is now recommended for excessive sweating. It is a remedy that has long yielded us good results.

THALLIN—ANOTHER ANTIPYRETIC.—The *Medical Press*, November 26, 1884, thus refers to it:

"Dr. von Jaesch, of Vienna, has recently stumbled on still another synthetic antipyretic, which he introduced to the notice of the Society of Physicians of Vienna, on October 31st, the chemical name of which is zetrahydroparachinanizæ. The name no doubt is an excellent one for ceremony and great occasion; but recognizing that life is short, and not to be all spent in pronouncing names, he has mercifully given it the shorter one of thallin, by which it will be sufficiently well known if it proves to be worthy a name at all. He has already employed it in 86 cases of pyrexia of various kinds, viz., pneumonia, typhoid, erysipelas, measles. The fever was cut short with certainty, and without any dis-

agreeable bye-effect, but the effect upon the course of the disease was in other respects nil.

"In doses of $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ gm. the temperature fell several degrees. Of the various salts of the drug enumerated by him—sulphate, tartrate, hydrochlorate—he recommends the first-named for clinical purposes, and suggests that it may well be employed when all other antipyretics have failed."—*Med. and Surg. Reporter*.

CAUTION IN THE USE OF COCAINE.—*Dr. Knapp (Med. Record, Dec. 13, 1884,)* says that he injected six minims of a four per cent. solution into the orbit close to the posterior segment of the eyeball. The anæsthesia was complete, and the operation and recovery were without any disturbance. During the operation the patient's face became pale. The patient did not, however, complain. Again he injected five minims of a three per cent. solution beneath a sebaceous tumor, the size of a small walnut, in the centre of the upper lid. The anæsthesia was almost complete, and the somewhat laborious operation passed satisfactorily, but during it the patient became as pale as a corpse, felt somewhat faint, asked repeatedly for drink and was covered with cold perspiration. In about fifteen minutes the condition, which was in no way alarming, disappeared. Though much larger doses have been hypodermatically injected before general systems were apparent, Dr. K. thinks that five or six minims of a three per cent. solution may be too much for the orbit. The orbital cellular tissue is so vascular that it resembles cavernous tissue. Liquids injected into it may enter the general circulation more readily than from other parts. In further operations he would inject no more than one or two minims and gradually feel his way.

"Stories for Home Folks, Young and Old," is the attractive title of a pretty volume by the famous author, just published. It starts out with "A True Story of President Lincoln," which with other war reminiscences that follow will waken a patriotic glow in the hearts of readers both old and young; there are stories of travel in this and other lands, stories of famous people, of "My First Love-Letter," "Almost a Ghost Story"—in all twenty-nine stories, which being written by GRACE GREENWOOD, who is so well known as one of the most graceful and captivating writers, will find joyful listeners everywhere. The volume is equivalent in size and appearance to the author's other works heretofore sold at \$1.25, but being published by the "Literary Revolution" John B. Alden, 393 Pearl Street, New York, it is sold for 50 cents. Mr. Alden sends a 100-page catalogue, descriptive of his immense list of standard and popular works, free to any applicant.

"The Novelist" is the characteristic title of a new paper just started in New York, by John B. Alden, the "Literary Revolutionist." The price, also, is characteristic—only \$1.00 a year. It is not intended to enter into competition with the *high-priced*, but *low-character*, story papers which darken the country like a pestilence, but will be devoted almost entirely to *high-class* fiction, such as finds place and welcome in the best magazines of the day and the purest homes of the land; making the paper an unrivaled (as to cost, certainly,) source of mental recreation for the weary, and of entertainment for all. During the year there are promised serial stories by William Black, Mrs. Oliphant, James Payne, Hugh Conway, B. L. Farjeon, and others—certainly a good variety, as well as good quantity for the dollar. It is printed in large type, and is a handsome paper. For free specimen copies address the publisher, John B. Alden, 393 Pearl Street, New York.

SUGGESTIONS FOR THE USE OF MINERAL EARTH IN CUTANEOUS DISEASES.—In various forms of cutaneous disease the *Mineral Earth* may be applied as a powder or paste. In the various rashes and chafings of the skin the *Earth* dusted over the surfaces exercises a soothing healing effect. In the excoriations of young infants it may be substituted for topical powders with an excellent effect. The *Earth* paste made with vaseline, glycerine, or the cerates, is an excellent application, in many varieties of cutaneous troubles. The remedy will be found not only soothing but agreeable to the patient, easy of application, and healing in its effects.

In lupus and epitheliomas the *Mineral Earth* has been found exceedingly valuable. Here the powdered *Earth* is first dusted over the diseased surface, the *Earth*-paste made with water is next applied, the paste should be thoroughly kneaded and put on from $\frac{1}{4}$ to $\frac{1}{2}$ inch thick, and over this the cheese cloth, absorbent cotton, etc. This dressing should be changed every 24 hours. As the diseased tissues improve under this first dressing, the *Earth*-paste made with vaseline or glycerine is next applied. The dressing, apart from any value it may have over these ulcerating forms of disease, presents many advantages as a clean, handy and antiseptic covering for these hideous and usually offensive and ugly troubles.

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

MARCH, 1885.

REPORT ON COCAINE.*

BY EDMUND C. RIVERS.

It is not my intention to-night to burden you with a review of the exceedingly large number of papers upon Cocaine, which have made their appearance during the past three months in all the Medical Journals of this country. Still Cocaine is an agent of such undoubted value and I believe of so much future importance, that it behooves us to give it due consideration, and it is for that purpose I invite your attention to it to-night.

Immediately upon reading the letter of Dr. Noyes in the *N. Y. Medical Record* of Oct. 11th, '84, giving an account of the experiments in the Heidelberg Eye Clinic I ordered some of the drug, but did not succeed in procuring it until Nov. 26th, 1884.

*Read before the *Denver Medical Society* Jan. 16th, 1885.

Since which date I have made use of it in forty cases—twenty-eight of these being operations of more or less severity. These cases may be classified as follows :

Section of Int Rectus.....	5
“ “ Ext. “	1
Cataract (Senile).....	1
Iridectomy.....	1
Paracentesis Corneæ.....	3
Foreign bodies in Cornea.....	8
Burn of Cornea burnt Epithelium, scraped off.....	1
Pterigium.....	1
Canaliculus opened.....	1
Tarsal Gland.....	1
Aural Polypi.....	3
Removal of Wart (on skin).....	1
Removal of piece of lip.....	1

The effects of the drug in these cases other than that of a local anæsthetic, which I have observed have been the same nearly, as those noted innumerable times by other observers, and with which you are all perfectly familiar.

The mydriasis which has occurred in all eye cases in which I have used it has not, however, been near so great nor so powerful, as that produced by a solution of atropia of equal strength. Dr. Alt, of St. Louis, thinks it is more powerful, though of shorter duration.

The paresis of accommodation, always present, was comparatively slight.

The contracting influence over blood vessels is very great, making such operations as strabismus, when properly used, an almost bloodless procedure and consequently preventing the sub-conjunctival collection of blood, and saving, to a great extent, the patient the annoyance of “bloodshot” eyes.

Upon the cornea I have noticed two affects apart from the anæsthetic. First, a decided dryness of this structure is produced, accompanied by a loss of elasticity—so that the epithelial cells can be scraped off and have a similar appearance as when the dry epithelium is scraped off the skin. Second, a decided change in the refractive power of the cornea. This change was very apparent in one of my patients, who suffered from several pieces of silica imbedded in the corneal structure, the result of an accidental discharge of giant powder. Before the drops

were instilled, they could be plainly seen to the extent of three or five pieces in each eye. After the eyes were thoroughly "cocanized" so great was the difficulty in seeing them that several pieces were overlooked, which, however, were easily seen as soon as the effects of the drug had worn away.

I think besides these effects cocaine has a decided influence in causing blood to coagulate, when it is outside of the blood vessels thus making its removal easy and facilitating, keeping the wound clean. I do not think this effect has been noticed by others.

The anæsthetic effects in all corneal operations was complete and the patient in by far the majority of cases, were even more than surprised when they received an affirmative answer to their query "Why! have you done?—I didn't know you were doing anything!" In the iridectomy, as it was getting dark, I did not wait for the full effects before operating consequently considerable pain was experienced.

The cataract operation was almost painless, and in the after treatment cocaine is being made use of instead of atropia. The result cannot yet be predicted.

In most of the other operations while they said they felt it, it was hardly pain.

In all those diseases of the eye characterized by photophobia and pain, I have found almost instant relief.

In ear diseases I have found it relieved pain, but in no case of tinnitus have I been able to give permanent relief as has been reported by one aurist.

I have the pleasure of not recording any bad effects of cocaine, although in the first case I operated on some alarming symptoms showed themselves. I instilled two drops of a four per cent. solution in each eye every five minutes for three applications and proceeded to operate for Int. Squint. Everything went smoothly and my enthusiasm over the new anæsthetic grew apace. As soon as my operation was completed, the patient complained of feeling sick and faint, glancing at his face I was astonished to find it pale and covered with a cold perspiration. He asked for water; I counted his pulse which beat forty-eight per minute. My enthusiasm suddenly left me; my patient gradually got better. The next day, according to instructions, he again reported at my office, and being determined to find out if cocaine had produced the faint I instilled the same amount as I had the day before without producing the same symptoms, I therefore referred them to his mental condition, he knowing all the time that he was being cut. (case reported in *N. Y. Med. Record.*)

In another patient I had the same symptoms, a few days afterwards.

In all my operations I have used a four per cent. solution and now instill it every two minutes instead of every five as recommended. In foreign bodies in the cornea I make use of only one application; in all others I repeat it as often as necessary to keep the patient free from pain and the wound free from blood.

In conclusion allow me to sum up the virtues of cocaine, so far as they are at present known, by quoting the words of Dr. John Green, (*American Journal of Ophthalmology*.) "(a) Its wonderful local anæsthetic power, which enables us not only to perform many operations absolutely without pain, but also to give immediate and perfect relief in a host of painful conditions attended with photophobia and blepharospasm. (b) Its marked effect in diminishing the flow of blood in the blood vessels which lie within the regions of its influence thus making many operations comparatively bloodless and pointing the way also to almost unlimited applications in affections attended with hyperæmia. (c) Its property of controlling reflex neuroses and (d) its prompt effects in dilating the pupil, with but moderate and transient disturbance of the accommodation, thus ranking it above all other known mydriatics in cases in which it is desired simply to obtain a perfect view of the whole interior of the eye."

CARBOLIC ACID IN THE TREATMENT OF HEMORRHOIDS.*

BY W. H. DAVIS.

Mr. President and Gentlemen;—I do not intend to furnish you with anything new or original in this article. It has been my intention to bring before you a subject of interest and one, I believe, much neglected by the general practitioner. Quacks and charlatans in every city of the land are advertising a positive cure for hemorrhoids, and in many cases their claims have been established, and men of no ability have gained great reputation and reaped large remuneration by these so-called "secret" methods of cure.

When the theory of the ultimate action of a remedy seems to point out new fields for therapeutic usefulness, the crucial tests of conservative practice, eventually, reduces it to a science. Probably no article of established therapeutic value with uses so extended, has ever had its application in theory and practice more tested, in the past few years,

*Read before the Arapahoe County Medical Society.

than carbolic acid, and *gentlemen*, I am not quite sure but that we owe once more to quacks the discovery of an important therapeutic action. Naturally, as it might be expected, the profession have been very reluctant to adopt this method of treatment.

I feel as though I ought not to bring before this society a subject that I have had so little experience in, being unable to give you any clinical experience of my own, but will review some of the methods and experiences of others without touching upon the pathology, etiology or prognosis of this disease. In this country it is common to inject hemorrhoids with carbolic acid, with reported successes. There seems to be some considerable difference in opinion as to the strength the acid should be used

Dr. Blackwood, of Philadelphia, in the *N. Y. Med. Record* Oct. 2, 1880, page 386, describes his operation as follows: "He uses carbolic acid with enough glycerine (a few drops only) to render it fluid, emptying the bowels thoroughly the day before and the rectum by enema an hour before operating. Put the patient to bed, annoint the mass of tumors, after their extrusion, with olive oil or cosmoline to prevent accidental caustic action on the adjacent parts, uses a good glass hypodermic syringe, with a tight piston which moves easily, and a small well polished sharp needle, seeing that the needle is pervious to the acid, not to water, before commencing, then selecting the largest tumor and pushing the point of the needle to the centre only, slowly inject from three to six drops. If the pile is as large as a small walnut he puts in three drops at one point—partly withdraws the needle and deposits three drops at another point, and sometimes at a third, injects only one pile at a time, unless they are small, when two may be attacked, keeping the needle in the tumor for a few seconds before withdrawing it. The object of this is to permit the mass to harden before taking the needle out. If the pile bleeds touch it with a piece of ice or strong carbolic acid. No bleeding resulting, thoroughly annoint the tumors as at first and return them within the sphincter; a suppository may then be introduced, but prefers hypodermic morphia. He keeps the patient in bed, and in two or three days injects another, if it exists, and repeats at this interval until all are treated. This process mummifies and shrivels the hemorrhoid and does not cure by inflammation. Now and then the whole or part of a tumor may slough, but this is not common.

Kelsey's method, in his work on diseases of rectum and anus, page 104, says: "Beginning this plan of treatment I did it without having very much confidence in it, and with a fear of causing great pain and

perhaps dangerous sloughing. I can only say that the method of using carbolic acid injections is constantly growing in favor with me, and the more I practice it the more confidence I have in it. With solutions of proper strength the danger of causing sloughing of the tumors is very slight. There are no objections to this method which do not apply equally to others." He has once seen considerable ulceration result from it, in the hands of another but has seen an equal amount follow the application as a ligature, and does not consider this as a danger greatly to be feared. When injections of proper strength are introduced in the proper way it is applicable to all cases and especially adapted to bad cases and may be used when a cutting operation is inadmissible. It acts by setting up an irritation within the tumor, which results in an increase of the connective tissue, a closure of the vascular loops, and a constant hardening and decrease in size of the hemorrhoid (except when sloughing occurs). The tumors are therefore not removed but are rendered inert so that they no longer bleed or come down. In cases in which the sphincter has become weakened by distension the injection has a decided effect in contracting the anal orifice, as do injections of ergot and strychnine in case of prolapsis. He says he has used this method many times and has never had any occasion to regret using it, or to be dissatisfied with the results, so far as he has been able to follow them; although he would be very slow to advocate any one plan of treatment for this affection to the exclusion of others; he now often adopts it when Allingham's operation is denied by the patient, and as yet he has not known it to fail. Its advantages over all other methods, provided its results prove equally satisfactory are manifest to all. The patient is not terrified at the outset by the prospect of a surgical operation, and is not confined to his bed; he is not subjected to any suffering; the cure goes on painlessly and almost without his knowledge. He first used the solution of one part of carbolic acid to three parts of glycerine and three of water. Latterly he has reduced the carbolic acid to one half and likes this solution better. The amount injected at each time is about five drops. The instrument and plan is about the same as Dr. Blackwood's operation, except that it is not necessary for the patient to be put to bed for more than one day, following each operation. If the tumor be allowed to remain out of the anus, in a few minutes it will be seen to swell up and become black and hard with venous blood. There is seldom any hemorrhage from the operation, but occasionally a few drops will follow the puncture. If the tumor is not protruded at the time of the operation it may be seized with toothed forceps and drawn out while the injection is

being made ; but I think a better plan is to inject into the bowel about four ounces of cold water a few times and have the patient strain a little in forcing out the water which will usually prolapse the bowel and bring all the tumors into view. It is particularly necessary that the acid solution be injected into the center of the tumor and not allow the needle to pass through it and near the mucous surface on the opposite side or the latter will die and an ulcer result. Only one tumor should be injected at a time, and repeated not oftener than once a week. I do not believe it is necessary to wait until the acute inflammatory stage has entirely passed off. You will often find a patient more willing to submit to treatment while there is a large strangulated mass protruding. This operation is not entirely painless. Indeed I can say from experience that the pain, while it lasts only for a few seconds, is terrific, and until the anæsthetic effect of the acid begins, it is essential for the patient to be under some other anæsthetic. The nitrous-oxide gas answers most excellently in these cases. I am led to believe that muriate of cocaine would also act well.

REMARKS ON DISINFECTION DURING THE LYING IN PERIOD.*

BY G. S. MCMURTRIE, M.D.

Mr. President and Gentlemen of the Society.—It is not my intention at this time to do more than merely allude to the subject of disinfection, in the case of maternity and the lying-in wards of general Hospitals. This covers a very wide field of special considerations.

Suffice it to say that nowhere is the necessity of rigid cleanliness in general and even minute details, with the addition of the modern antiseptic regime, more generally conceded, and as a rule carried out, than in many of these institutions, at this day.

The following remarks then, are intended to apply to cases presenting themselves in private practice.

There are two sets of conditions liable to be present with the woman who has more or less recently given birth to child.

The first comprises the effects of nervous excitement and often great muscular exertion, to which we must often add those of prolonged anxiety and foreboding as to the final result.

These conditions demand simply rest, warmth, and protection from all that will offend the moral and physical sensibility of the patient.

Strong light and loud sounds irritate the tired sensitive brain, whilst the consciousness of offensive surroundings means moral as well as physical distress.

*Paper read before the Arapahoe county Med. Society.

Clean, dry bedding and clothing, fresh air, thorough cleansing of exposed surfaces by the usual means, *plus* some good non-offensive disinfectant—the methodical use of the same—more concentrated probably, in the room, the bed and in all vessels for the reception of dejecta etc, added to rest, quiet, subdued light and a cheerful *morale* throughout, will meet all the demands of the earlier days of the post-partum period in the great majority of cases.

Later, say from the time the lochia begin to manifest the natural peculiar, and somewhat offensive odor well known to all frequenters of the lying-in room, until all traces of the same vanish, the methodical use of disinfecting vaginal injections give great comfort and in some cases at least, additional security.

The second series of conditions referred to, involve possible consequences much more grave than any commonly following the non-observance of the refined regime described, in simple natural cases.

I refer of course to instances where breach of external and internal surface tissues, unfortunately far from rare, occurs during parturition. Laceration of the perineum, involving, sometimes extensively, vaginal and rectal tissues, laceration of the cervix, injuries of the labia, cases of retention of portions of placenta or membranes, etc.

The physician who fails to apply the well known means of antiseptics in such cases, in addition to the proper surgical procedures, should not be surprised if he is held responsible for evil results very likely to follow his omission.

Our obstetrical annals afford many illustrations of the opposite sides of the picture: On the one side comparative certainty of healthy repair, restored usefulness—Life, on the other Septicæmia, almost hopeless illness and Death.

As to the *materiel* at our disposal for antiseptics, it is abundant, cheap, and in considerable variety. It will answer the purpose of these remarks, if I refer to a few only. Moreover, let me here suggest that every man will either use what his own experience has led him to be satisfied with, or, in case of doubt, must adopt the means advised by those of more extended opportunities and consequent experience.

For myself I confess a dislike to the use of the Carbolic Acid in obstetric practice, valuable as it may be, and as it is so considered, by very many at this day.

To many, myself included, the odor is very offensive. This should be of no consequence, were it certain that its use is indispensable, and that we had nothing else free from this objection and still efficient.

For many years I used satisfactorily the solution of chlorinated soda (Labaraque) more or less largely diluted. In the last few years I have been more than pleased with the solution of the Bromo-chloride of Aluminium, Bromo-chloralum so termed.

The comparatively recent combination of Thymol, Encalyptol and other organic antiseptics with Boracic Acid (Listerine) seems to fill a useful and pleasant position in the list.

When decided germicidal properties are demanded, appropriate solutions of the Chloride of Zinc and especially of the bichloride of mercury, will fulfil all the conditions required, so agree many eminent authorities.

The employment of the milder articles I have above mentioned, if not imperatively necessary, is certainly unattended with any evil results, and has some obvious advantages. Can we affirm as much for carbolic acid and the bichloride?

Cases of poisoning are not rare in our authorities, from the absorption of the acid, and a very few rare cases of mercurial poisoning, salivation, etc., are said to have occurred from the use of the corrosive sublimate. One fact is to be noted, that the latter seems to be strikingly effective even in extremely weak solutions. A German Obstetrician affirms valuable results from one part in 10,000.

See "Transactions of the German Gynecological Society," *American Journal of Obstetrics*, April. 1884.

In closing this very brief notice of a very interesting subject, let me add a remark suggested by a fairly eventful experience in this direction.

For several years I have thought it my duty, even when all the conditions present tended to favorable issues, to apply the so-called antiseptic treatment, above described, but I have at the same time, been guarded as to the strength of the material used, *Weak* washes, especially when applied to the vagina, have been the rule with me, and thus far I have no occasion to regret any reserve in this direction.

REPORT ON THERAPEUTICS.

BY GEO. W. TIBBITS, M.D., DENVER, COLO.

*On the Efficient Dosage of certain Remedies used in the treatment of Nervous Diseases.** Dr. Sequin says that the reasons for writing his

*Being an abstract of a paper read before N. Y. State Medical Society, by Dr. E. C. Sequin. *Vide Archives Med.*

paper are, that he has so frequently seen cases of nervous disease in which the attending physician has failed to effect a cure by inefficient dosage. He gives as reason for this timidity. First, that the influence of teachers in medical schools, and of writers of text books, is thrown in favor of small doses. All of this he claims is well enough for the safe training of students; but of very little benefit to the physician, who wishes to get the full physiological effect of a drug, without endangering the life of his patient. Second, that many capable druggists are alarmed at doses, which are not only harmless, but essential to success. That druggists, when thus alarmed convey information to patients to the detriment of the physician. Third, manufacturing drug firms are flooding the markets with prepared, and elegant compounds, elixirs, etc. In order that physicians can with ease, and pleasure, use them at the expense of proper doses, and less elegant single medicines. When speaking of dosage, he says: "I propose to briefly review the posology of a few drugs—giving the doses as stated by the best authorities, by writers of therapeutics, and by clinicians—and then stating the doses which I believe to be useful and safe." Again he says: "I wish it particularly understood that in advocating larger doses of these remedies, I do so only on the basis of a tolerably large experience, and not at all from any theoretical scientific considerations. At the same time that I advocate efficient doses, I am carefully observant of all the circumstances, which render patients susceptible, and always make an allowance for idiosyncrasy. Thus, for a patient whom I see for the first time, I order very small doses, doses such as the books justify, and by steady increase feel my way fearlessly, because watchfully, to the larger doses, often seemingly dangerous doses, which really affect the organism and may cure the disease. In this matter I make no claim to originality, and would not affirm that the doses I recommend are always essential to success; I simply sum up my experience and place my result at your service."

I. FLUID EXTRACT OF CONIUM.

Doses as given by authorities on therapeutics and materia medica; Wood. Therapeutics—Dose m 1 to 2. Bartholow Materia Medica—Dose m 2 to m 5 increased to m 4). Rice. Posological Tables—Dose m 3 to 5, to be increased.

Doses as given by clinicians; Not mentioned by any standard authority upon practice of medicine.

Dr John Harley (*The Old Vegetable Neurotics*) mentions that he obtained definite physiological and therapeutical results from Succus

Conii, administered in doses of from ʒii to ʒi . Dr. Harley at that time did not know of the better preparation, such as is now made by Dr. Squibb.

Dr. Sequin says, that for ten years he has used fluid extract conium in chorea, spasm of paralyzed limbs, general irritability and in insomnia. Commencing with tentative doses of twenty and forty minims, he then gives at one dose sixty, eighty or even one hundred minims. These doses cause drooping of the upper lids and paresis of arms and legs. In from twelve to twenty-four hours, he repeats dose, if the effect has passed off in that time. He enumerates cases of persistent insomnia cured by these doses, and recommends; that, with due precaution, physicians will appreciate that the curative effects can be obtained at just that interval between physiological and toxic doses.

II. CRYSTALIZED ACONITIA OF DUQUESNEL.

Doses as given by authorities on Therapeutics. Dr. Sequin quotes Stille and Maisch, Wood, Bartholow, Rice, Northnagal and Rossbach, and Gubler. Wherein they recommend doses of aconitia from $\frac{1}{160}$ grain to $\frac{1}{320}$, excepting Gubler (who was the first to indicate its wonderful effacy in trigeminal neuralgia), who gives from $\frac{1}{160}$ grain—increased with caution—to $\frac{1}{80}$, and sometimes, $\frac{1}{8}$ to $\frac{1}{4}$ grain. Dr. Sequin in alluding to Prof. Gubler's article and his report to N. Y. Therapeutical Society, (*N. Y. Med. Jour.* Dec. 1878.) says: "We reported ten cases of trigeminal neuralgia cured or relieved by:

R. Aconitae (Duquesnel's) grain $\frac{1}{80}$.
Glycerine,
Alcoholis aa ʒi ,
Aqua Menth. pip. ad ʒii . M. S.

One teaspoonful two, three or more times a day on an empty stomach till the pain ceases or the physiological symptom—numbness—was produced."

He cautions that in debilitated, susceptible, female patients to begin treatment with doses of $\frac{1}{160}$ (Caswell and Hazard, tablets), if there is no undue susceptibility to drug he gives freely $\frac{1}{160}$ grain every three or four hours till numbness is produced, and pain subsides, when dose is lessened.

In this manner he finds this remedy reliable in epileptiform neuralgia and the like, and has seen no evidence of cumulative effects.

He lays special stress that, with this drug—as well as others mentioned in this article—the practitioner must ever bear in mind, to be careful in giving at first small doses, and later on being very bold almost to rashness.

III. PHOSPHORUS AND PHOSPHIDE OF ZINC.

Dr. Sequin quotes many authorities on *materi medica* and therapeutics, from which we draw the conclusion that the doses most frequently recommended, are from $\frac{1}{16}$ to $\frac{3}{16}$ gr. (Phosphide Zinc $\frac{1}{6}$ to $\frac{1}{4}$ gr.) Excepting J. Ashburton Thompson. (*Phos. in Med. Lond.*, 1874.) who says: “The chief precaution to be observed in treating neuralgia with free phosphorus * * * is to administer a full dose of remedy in the first place. “* * * unless half a grain (*i. e.* $\frac{1}{2}$ grain every four hours) or more be given in the course of each twenty-four hours, frequently failures, or only partial successes in treatment will be met with.”

In conditions of nervous prostration, cerebral anæmia, incipient cortical degeneration (dementia), in melancholia, Dr. Sequin has found that the best form to use phosphorus is Thompson's solution of phosphorus made as follows :

R. Phosphorus, grain i,
Absolum Alcohol, $\mathfrak{z}\text{v}$. *Dissolve with heat.*
Glycerine $\mathfrak{z}\text{xii}$,
Alcohol, $\mathfrak{z}\text{ii}$,
Ess. of Peppermint $\mathfrak{z}\text{ii}$,
M. the two solutions, $\mathfrak{z}\text{i}$ —grain $\frac{1}{2}$

S. A teaspoonful without water.

Dr. Sequin concludes by saying : “That from citations made and from my own experience, the giving of $\frac{1}{16}$ grain, or even $\frac{3}{16}$ grain, of phosphorus is probably of very little use. From $\frac{1}{32}$ to $\frac{1}{16}$ grain should be administered three times a day, with, of course, due watchfulness for signs of gastric irritation.”

IV. CRYSTALIZED NITRATE SILVER.

After quoting the doses given by a large number of authorities ($\frac{1}{2}$ to $\frac{1}{4}$ grain)—He says: “I seldom prescribe less than $\frac{1}{4}$ grain of silver at a dose, and usually give $\frac{1}{2}$ grain, made up in a pill with an indifferent extract (*Taraxacum*), or with extract of belladonna, according to the indication of the case, whether for spinal stimulation or for

sedative. These pills are given before meals, three times a day, and occasionally a fourth pill at bed time. A course of silver usually lasts two months, which at rate of $1\frac{1}{2}$ grains a day would give 90—grains, a perfectly safe quantity as regards danger of discoloration of the skin." Dr. Sequin, from personal experience in the use of silver as above indicated, agrees with Erb. (Ziemssen cycl. Vol xiii P. P. 614) "That among the internal remedies for tabes, nitrate silver undoubtedly stands first as it can show quite undoubted results."

Hydrochlorate of Cocaine.—Prof. Fleische and his colleagues, (*Phil. Med. News*) Vienna, have seen excellent effects of cocaine during the period of "abstinencia morphia."

Persons used to large amounts of morphia, for many years, could bear the privation of this alkaloid without suffering the well-known tortures which are usually connected with it. Even in cases in which the morphia was not withdrawn gradually, but stopped at once, cocaine showed the best effects.

Dr. Geo. F. Jackson, writes *N. Y. Med. Jour.* Nov. 29th, that in a case of epilation of hairs from the upper left lip of an intelligent woman, he applied an ointment of cocaine and oleic acid (four per cent), after waiting five minutes the anæsthetic effect was well marked, and she allowed the hairs in this region to be extracted with a current from twelve cells of a freshly charged battery, without any signs of pain. Two days before the operation—without the use of cocaine—had been very painful, although only nine cells were used, and on the same day the corresponding regions on the other side of the face were very sensitive. The anæsthetic effect lasting for full thirty minutes and the patient felt no pain upon removal of the hairs.

P. D. Keyser, A.M.M.D. (*Ther. Gazette*, Jan. 15) writes, that in two cases of his own, in operating for the removal of a cataract from the eye, he used two instillations in each case of a two per cent solution of cocaine, at 3 p. m. after which the operation was made perfectly with no mishaps of any kind, and no pain experienced by patient. Both operations were made at same time and with reliable and tried solutions of cocaine. At 1:30 a. m. pain and inflammation had set in, and within about ten or eleven hours after operation panophthalmitis was well developed, causing atrophy of ball in one case and necessitating the splitting of lower lid to relieve pressure and swelling in the other.

Dr. Keyser also reports a case of Dr. Strawbridge at Wills Eye Hospital, also one reported by Dr. Koser, in which like results were caused by use of cocaine in the eye for like operations.

Dr. Keyser thinks that there is no doubt that cocaine paralyzes the nerves of the vessels, causing at the same time a constriction of the same as seen by the blanching of the part acted upon. He thinks that the subsequent congestion and inflammation is due to the sudden reaction from this state of paralysis of sympathetic nerves ; also, to coagulation of blood in vessels.

He concludes as follows ; "I have had but seven cases of personal observation of its use in extraction of cataract, and in three of these panophthalmitis took place, and in one hemorrhage in the anterior chamber almost immediately after, which is, to my mind, rather a bad showing in its favor in this delicate operation, and rather intimidates me in its use in these cases, and in iridectomies; although as yet my iridectomies have done well."

In a note he states: "That while writing my article I have learned of two other cases of panophthalmitis occurring after its use."

Hyoscine—Its Physiological and Therapeutic Action.—H. C. Wood, M.D. (*Ther. Gazette*, Jan: 15, 1884) writes a long article on the above subject, in which he concludes: 1st. That in Hyoscine we possess the only pure salt of the many of hyoscyamia; 2nd. That experiments upon frogs demonstrates that hyoscine (Hydrobromate of hyoscine, mercks) acts as a motor spinal depressant, killing by arresting respiration probably through a centric influence : when recovery occurs there is no stage of tetanus following the palsy; 3rd. That experiments upon mammals (mice) show that hyoscine acts chiefly as a spinal depressant; that it is a centric respiratory depressant; causing death by asphyxia, that it has very little effect upon the circulation, what influence it exerts being in the normal animal set aside by the asphyxia it produces; that it does not paralyze the pneumogastrics; that in enormous doses it paralyzes the vaso motor system; that on the heart itself, its influence is very feebly depressant; 4th. That in experiments upon healthy man, hyoscine acts as a very feeble sedative on the circulation, a more decided sedative to the spinal and respiratory nerve centres, and a dominant hypnotic upon the brain; 5th. That from the above conclusions. by physiological study, he looks for peculiar therapeutics valul in hyoscine from the union of its decided hypnotic powers, with a spinal sedative influence, and a very feeble depressant action on the circulation, together with a freedom from disturbance of the secretions and unpleasant after effects. 6th, that in twenty-eight cases of sleeplessness reported by Dr. Rudolph Gnauck (*centralb f. d. Med. Wissen* 1881-801), sleep usually came on in from one half to one hour, and continued

through the night ; that in eighteen cases (*Dr. Gnuck*) of great excitement and delirium, it had marked effect in quieting, and induced sleep or at least calmness. The quietude continued after each dose from one to eight hours : 7th. *Dr. Wood* from five cases of violent mental disease, two delirium tremens, one suicide dementia, one maniacal dementia, he finds that in doses of $\frac{1}{16}$ grains hypodermically, it produces results correspondent with above mentioned physiological conclusions, which indicate little value for the relief of pain, but much for the removal of spasm.

Turpentine and Iodoform in Diphtheria.—*Dr. Korman*, of Cobury, (*Ther. Gazette*) has collected extracts of all articles which, during the last three years have appeared on treatment of diphtheria, and an analysis of his valuable compilation shows ; that the list of hundreds of drugs employed in this disease is reduced to absurdly small proportions, if only those are admitted in which there seems to be reasonable grounds for the attribution of curative powers. Of these, balsams and antiseptics are generally asserted to be most valuable. Of the former, turpentine, and of the latter he finds that iodoform seems to deserve the first place.

Turpentine should be given in large doses. Adults should take a teaspoonful of the oil twice daily ; children under five years a teaspoonful ; older children a dessert spoonful, followed by milk or wine. : As soon as the symptoms begin to improve or there is any evidence of strangury or albuminuria, its administration should be stopped, to be again used later if the symptoms require it. Vomiting may be prevented by use of a little ether. The first influence of turpentine on the diphtheritic process is to diminish the foetor from the mouth, which often, even in worst cases, does not return. Later, some time in the second day of its use, the membranous deposit becomes softened and loosened the inflammation decreases, and the difficulty in swallowing passes off. In a series of forty-three cases of undeveloped diphtheria, treated in this manner and reported by *Dr. Satton*, of Yohlis, near Leipzig, the mortality was two and one-third per cent, for all cases, and only three per cent for children.

Of iodoform, it should be used locally in the form of five grammes of balsam of tolu, and 2.5 grammes of iodoform in 25 grammes of ether, —filtering the balsam solution before the iodoform is added ; all accessible diseased portions of the mouth and pharynx may be freely penciled with this solution as early in the disease as possible.

This mode of applying the iodoform is recommended because the action is more prolonged and access to the membranes of air and putrefactive agents prevented.

Thus applied, it is often found that after one day of this treatment the membranes may be removed without difficulty, and are rarely reproduced.

In a series of 112 cases, reported by Dr. Korach, Cologne, in which iodoform was used, only eight proved fatal (seven per cent.); of which seven were in the group of forty classed as exceptionally severe (17 per cent). He concludes by remarking that these remedies are those which a careful examination of testimony by hundreds of physicians have seemed to indicate as the most reliable.

Alkalies as a Sedative Expectorant.—Dr. H. C. Wood (*Ther. Gazette*) says: "That every physician knows that the sedative expectorants are used in the first or dry stage of a cold; and, that between ipecac and antimony, there is little choice, except that the latter remedy is distinctly dangerous to very young children, and the feeble or old adult.

It is not so generally known that large doses of alkalies are among the most efficient of sedative expectorants. The citrate of potassium is much the most eligible form for administering alkaline expectorants; of it, half an ounce to an ounce should be given in the twenty-four hours. The following prescription he has tested during the last four or five years, and found it to be the most reliable and efficient sedative cough mixture that he ever used.

R. Potassa Citrat $\mathfrak{z}\text{i}$,
Suc. limonis, f $\mathfrak{z}\text{ii}$,
Syr. ipecac, f $\mathfrak{z}\text{ss}$,
Syrup. q.s. ad f $\mathfrak{z}\text{vi}$. M.S.

Tablespoonful four to six times a day. Usually two or three day's use of the above prescription will establish free expectoration.

Hydriodic Acid for Hay Asthma.—Dr. Wm. Judkins, (*N. Y. Med. Record*) reports the successful cure of a very aggravated case of "hay asthma," by the administration of hydriodic acid in form of the syrup. Teaspoonful doses were administered every hour or two: and counter-irritation with mustard leaves to wrists was made at the same time until relief was obtained. The effect was remarkable and relief permanent. (*analectic.*)

INTERESTING CASE OF EXOSTOSIS OF EXT. AUDITORY CANAL.

BY W. FLETCHER WILSON, M.D., DENVER, COLO.

Case. James, B. G., Age 36, called Feb. 3rd, '83 for treatment of a slight deafness. Upon examination there was found to be chronic aural catarrh of the right middle ear with a slight reduction of hearing. Upon left side there was found a growth springing from upper and posterior walls of the canal filling about one half of its diameter.

Catarrh of the middle ear was also present.

The growth consisted of bone covered with the integument of the canal.

It was painless, showed no evidence of increase in size, and was of no particular detriment to the hearing, so non-interference was advised. There was no history whatever of syphilis.

He was treated for about one month for catarrh of the middle ear and then went to the mountains. In September of the same year I received a letter asking advice in regard to his left ear. Patient stated that he had "sore throat with extension of cold to ear," resulting in discharge. Sent prescription to be used. I did not hear again from patient until Dec. 15th, when he called upon me at the office.

He was suffering severely from pain in head, redness and tenderness of mastoid region and a slight discharge from ear.

Examination showed that the growth had nearly closed the entire canal with the exception of a small space on anterior inferior part about one fourth of an inch in length and large enough to pass a No. 3 Bowman's lachrymal probe.

Because of the stoppage of the flow of pus due to the growth and the other symptoms of dangerous mastoid complication present immediate operation for removal of exostosis was advised.

Through the kindness of one of our dentists who allowed me the use of his dental machine, this was accomplished 1st. by using very small drills and wearing the growth away from before backwards gradually increasing size of drill as the opening became larger. The bone was like ivory, extremely hard and only with difficulty could it be drilled. The operation lasted an hour and a half, no anæsthetic was administered. There was very little bleeding and no pain worth mentioning. Vibrations produced by drill caused severe headache. After removal of growth the middle ear trouble was treated in usual way for conditions present.

The surface of bone was touched up every other day with caustic

until healed Received letter from patient one year after, in which he stated that the ear had been examined by an aurist who said there were no signs whatever of a return of the growth.

According to best authorities exostosis of auditory canal occur quite frequently. They may be so small as to be barely perceived or large enough to close the entire canal. They are covered by the integument of the canal and are not painful. The skin is usually a little lighter in color than the surrounding parts.

Two varieties are found acquired and congenital. Congenital are of little importance as they seldom cause any trouble.

The acquired as a rule are of a serious nature, being caused by inflammatory action and may so increase in size as to prevent discharge and may also interfere with hearing.

They may result from chronic inflammation of middle or external ear, particularly in patients suffering from chronic purulent discharge.

Persons of a gouty or rheumatic diathesis are very liable to have them, syphilis may cause them but here contrary to other parts so affected there is no pain.

Treatment not recommended unless the growth interferes with discharge or hearing.

The above case is of great interest because of the *rapid development of what previous to suppurative inflammation was of no particular importance*. It is my opinion that the inflammation extending from middle ear together with irritation caused by presence of pus in external auditory canal excited periostitis and further growth of the exostosis.

Undoubtedly if the operation had not been performed, the case would have resulted fatally.

ARAPAHOE COUNTY MEDICAL SOCIETY PROCEEDINGS, DENVER, COLO.

Jan. 2nd. 1885. The second annual meeting of the Arapahoe county Medical Society was held at the office of Dr. W. M. Fay. The president, Dr. Mavity in the chair. Report of the secretary was read and approved. Applications of Drs. R. G. Nolan and G. W. Tibbits for membership received and referred to committee on membership.

The following officers were elected by ballot for the ensuing year: President, Dr. S. Cole; Vice President, Dr. J. B. Cory; Recording Secretary, Dr. L. H. Wood; Corresponding Secretary, Dr. W. H. Davis; Treasurer, Dr. W. M. Fay; Librarian, Dr. P. D. Rothwell; Committee

on membership, Drs. Mavity, Cory and Ward. Committee on ethics, Drs. Russell, Hawkins and McMurtrie. Committee on Publication Drs. Peaslee, Wood and Davis; Executive Committee, Drs. Wood, Russell and Rothwell. On motion of Dr. Russell the election of trustees was deferred and the secretary instructed to give legal notice of such election.

Dr. Davis moved that a committee of three be appointed to draft a by-law in regard to trustees. That each serve three years, one being elected each year, and report after president's address. Carried. Committee consists of Drs. Davis, McMurtrie and Wood.

On motion of Dr. Russell the society voted to pay the recording secretary a salary for the ensuing year and on motion of Dr. McMurtrie the amount was fixed at \$2.00 for each meeting.

The president read his annual address. Dr. Russell moved that the address be spread on the minutes of the society and be published in the DENVER MEDICAL TIMES. Carried.

The committee on by-laws reported to amend Art. 3, Sec. 2, to read as follows: "All officers except trustees shall be elected for the term of one year, and shall serve until their successors shall be elected. In the case of trustees, they should be elected for a term of three years. One being elected annually and the first election shall be for terms of one, two and three years."

The executive committee reported a plan of work for the following year. They will call upon each member for a paper in rotation as their names appear on the secretary's book. The subject is to be announced at the preceeding meeting.

Society adjourned.

A stated meeting of the Arapahoe county Medical Society was held Jan. 16, at the office of Dr. Fay. The President, Dr. Cole in the chair.

The minutes of last meeting were read and approved. Motion to amend Art. 3, Sec. 2 of by-laws read for the second time and passed.

Paper was read by Dr. W. H. Davis on "Hemorrhoids" with special reference to their treatment by the injection of carbolic acid.

Dr. McMurtrie spoke favorably of this mode of treatment.

Dr. Purcell has used it with uniform success for several years, using a mixture of Naphtheline, Carbolic Acid, glycerine and water.

Dr. Russell, in a recent case of prolapse of rectum, with eversion of gut to the extent of an inch, causing great pain, after reducing the

prolapse, used an ointment of Gallic Acid, opium and stramonium, placed in a large capsule and passed within the sphincter, giving great relief. Has not used the injection of carbolic acid, but thinks favorably of it. Regards piles as a result of venous obstructions and that it is important to keep the bowels free and to relieve all portal congestion. Such general care cures many cases. Fears septicemia from use of the ligature, cautery or ecraseur. After the inflammation has subsided has cut them open and turned out the clot. Retroversion and other uterine troubles often cause hemorrhoids.

Dr. Rothwell asked if they returned after cure by injection.

Dr. Davis said it was claimed they did not.

Dr. Hawkins regards this one of the best ways of treating some cases of piles. Has treated them as described by Dr. Russell, of late using a suppository of iodoform. Has used the ligature, but it has many disadvantages.

Dr. Wood has had some experience with this mode of treating piles. Has always used the strong carbolic acid, but is inclined to think the weaker solution may have the advantage of being less liable to cause sloughing. Would confine its use to internal piles.

Dr. Russell would use it in external piles.

Dr. Purcell has never had any sloughing, the tumor gradually disappearing.

Dr. Mavity has used a mixture of sweet oil and carbolic acid very successfully. Upon reporting his experience to a Med. Society, he found others had used it and some accidents were reported. An old physician said that if the mixture were heated to boiling all trouble would be avoided. Has since done so and had no trouble.

Dr. Russell asked what accidents occurred.

Dr. Mavity said there were some sudden deaths reported from supposed carbolic acid poisoning, also some cases of severe hemorrhage.

Subject for discussion for next meeting is "Antiseptics in Midwifery." Paper by Dr. McMurtrie.

A stated meeting of the Arapahoe county Medical Society was held February, 6th, in the office of Dr. S. Cole. The president in the chair.

Committee on membership reported favorably on the names of Drs. Nolan and Tibbits, and they were unanimously elected members of the society.

Dr. McMurtrie read a paper on Antiseptics in Midwifery, also reported an interesting case of severe uterine hemorrhage followed by super-involution.

Dr. Latimer has used Bromo-Chloralum as an antiseptic with good results; thinks cleanliness especially needed. Dr. Tibbits said there had been cases of poisoning from Hyd. Bichlor. and called attention to the use of very weak solutions of Iod. Plumbi. Has liked carbolic acid and believes warm douches of simple water very useful.

Dr. Hawkins has for two years used water and Listerine. He said Dr. Thomas lays great stress upon proper preparation of the room, removing furniture and carpets, disinfecting the floor and all that is left in the room. Dr. H. does not think this needed in all cases of private practice, certainly not to the extent which Dr. Thomas advocates. Does not use vaginal douches before the third day, except in cases of laceration etc. Thinks the danger from Bichloride to be in its imperfect solution. Does not like carbolic acid. Thinks it well to apply ~~iodoform~~ and collodion to abrasions. Uses the bichloride solution for intra uterine injections.

Dr. Russell referred to the fact that cases of labor do well in the midst of filth and without care, while others die where antisepsis has been carried out in detail, and asked whether the enemy existed within the body or gained access from without. Believes the plan of Dr. Thomas to be impracticable; that if accident occurs causing abrasions or any of the secundines or clots be retained that fever, if it occur, can be traced to these causes. and that the sloughing tissue and the bacteria are both together the causative agents. The removal of all sloughing tissue by washing out the cavity of the uterus is necessary, and although he has used carbolic acid and Bichlor. of Mercury because others did, thinks simple warm water would do as well.

Dr. Cory believes in perfect cleanliness and that labor should not be allowed to become tedious, using forceps when needed, also chloroform often relaxes the parts. All clots should be removed and ergot given to ensure contraction, repeating the doses. If septicemia occur he would use disinfectants and has used carbolic acid. He seldom finds their use called for.

Dr. Wood spoke of the rarity of the occurrence of super-involution, as in the case reported. At a recent meeting of the American Medical Association, few of the Gynecologists then present had met with it and many doubted its existence.

Dr. Rothwell asked, "what is dirt?"

Dr. Hawkins thinks Dr. Thomas' plan and rules for disinfection and perfect cleanliness, the most practicable, feasible and sensible that have ever been suggested or proposed. Dr. Thomas does not pretend for a moment to say that it is necessary in all cases to carry out the plan suggested in all its minutest details. It is mere *cant* to condemn anti-sepsis and ridicule Dr. Thomas' ideas of cleanliness and disinfection and then practice and advocate cleanliness as the surest means of preventing septicemia. Dr. H. said that Dr. Thomas does not believe in a specific puerperal fever, but believes puerperal troubles in all cases to be puerperal septicemia, while Dr. Barker admits that we may have a puerperal septicemia but he believes in a puerperal fever separate and distinct from septic troubles. They are agreed as to the efficacy of proper anti-septic precautions.

Dr. Tibbits said the purification of bacteria destroyed their vitality.

Dr. Latimer said the usually used strength of carbolic acid does not destroy germs.

Dr. Davis spoke of the value of Bromo-Chloralum.

Dr. McMurtrie uses it in strength of one drachm to two pints and has found strong solutions to cause some irritation.

Attest.

L. H. Wood, M. D.

Recording Secretary.

ON DEBOVE'S NEW TREATMENT OF GASTRIC ULCER—THE HABITAT AND TREATMENT OF THE OXYURIS OR ASCARIS VERMICULARIS.

BY HENRY B. MILLARD, A.M., M.D. N. Y.

In a communication made to the Societe Medicale des Hopitaux in April, 1884, and in the *Progres Medical* of July 12th of the same year, Dr. Debove promulgated a new treatment of a malady which may justly be termed the *approbrium medicorum*, namely, gastric ulcer, illustrating the practical view of his theory by presenting the records of four cases which he had cured. His idea is to spare the stomach the necessity and labor of excessive muscular action, and the stretching and pulling, as it were, of the new tissue necessary to the healing of the ulcer, giving it rest; and as the secretion of the gastric juice cannot be suppressed, to modify its acidity, which, though necessary to gastric digestion, is, nevertheless, to an ulcer, a caustic irritant; using such food as does not require peptonization by the stomach, and can be digested entirely in

the small intestines. Under such favorable conditions the ulcer may heal with comparative ease.

Dr. Debove showed me, in the summer of 1884, his method of treatment, and I saw and examined a number of patients cured or relieved by it. The lacteal diet usually employed, consisting in the administration of several quarts of milk daily, is sometimes provocative of hemorrhage from distention of the stomach, and not only that, it is usually inefficacious. Dr. Debove, after having used with advantage nutritive powders, condensed milk, etc., conceived the idea of relieving the stomach entirely of the chemical parts of digestion, and neutralizing the acidity of the gastric juice by administering the powder of beef and milk, or water mixed with the bicarbonate of soda. That the gastric juice does not act upon this mixture is shown by the fact that, upon removing a portion of it by the tube from the stomach after a certain time, it is found to contain no peptones. The work of converting albuminous substances into peptones is thus taken off the stomach, and the ingesta is passed unchanged into the duodenum, only in a more highly alkalinized state, being thus all the more favorable for intestinal digestion. That peptonization by the stomach is not always necessary to digestion, is evident from the fact that the pancreatic juice liquifies the muscular and other tissues separated, but not dissolved, by the gastric juice, and that this latter, indeed, does little more than separate the elements of the food; and if certain forms of fatty matter and nitrogenous substances in divided particles, and free from fibre, tendon, etc., could be introduced directly into the duodenum, the stomach might to a considerable extent be dispensed with.

As to the "alkaline cachexia" being produced by the administration of an ounce of bicarbonate of soda daily, he cites Jaccoud, who gave, for a long time, twenty grammes, and Charcot, who had given forty grammes daily, without any ill effect, but admits that although the cachexia may not be established, the remedy may cause inconvenience: its taste is disagreeable, and it is somewhat irritating to the stomach, and its decomposition by the gastric juices gives rise sometimes to the formation of considerable quantities of carbonic acid gas, causing painful eructations. He advises its use, therefore when it does not agree, in smaller doses. On account of these objections he tried lime-water, calcined magnesia, saccharate of lime, etc., but abandoned them in favor of the soda. In employing this treatment the stomach is first washed with simple water to free it from acidity, using Debove's modification of Faucher's tube. (A full description of the method of lavage

by this tube was given in a paper by me in *The New York Medical Journal* of April 19th and 26th, and May 10. 1884.) This operation should be performed by, or under the direction of, the physician himself, on account of a possibility of hemorrhage being produced. The operation should be suspended if the water is returned tinged with fresh blood, but otherwise continued until what comes from the stomach is quite clear. As to the danger of hemorrhage from *lavage* it has never occurred in his cases, but he instances two (which have been published) where it occurred to a fatal extent, and was supposed to have been produced by the *lavage*. At all events, it is a danger that should not be overlooked. Debove usually gives twenty-five grammes of the *poudre de viande* with ten of the bicarbonate of soda, prepared with milk, so as to be of about the consistency of cream, administering it, when it cannot be taken otherwise, by the tube. That Dr. Debove's ideas are not chimerical is evident from some very remarkable cures which he has effected, three of which I will refer to, as I myself saw and questioned the patients. The most remarkable was that of Louise Davit, whom I saw at the Hospital des Tournelles, where Dr. Debove is at present physician-in-chief; she was thirty-nine years of age, and had had for twenty years a gastric ulcer, and during this period had suffered frequently from exhausting hemorrhages, and, as a matter of course, from severe gastric pains. So imperfectly had her system been nourished for many years that she looked a dried up woman of sixty-five. She was, when I saw her (last August), entirely cured, and serving as an assistant in the wards; and was able to digest ordinary food; she had been under treatment for nine months. At first, fifteen to twenty grammes of soda were given daily, the quantity being gradually increased to thirty—about one ounce.

Hôtel Dieu, August, 1884.—The patient was a man forty five years of age: the gastric ulcer had existed nine or ten months; had been subject for three months to gastric pains and violent hemorrhages. Is now taking ninety grammes of the *poudre de viande* daily, and six grammes of the bicarbonate of soda immediately before the beef powder, in a little water. The hemorrhages have stopped and the pains entirely gone.

Hôpital des Tournelles, August, 1884.—Patient a woman; the gastric ulcer had existed eight months, with severe vomiting and hemorrhages. Has been under treatment six weeks, and is now quite cured. No restrictions now as to diet. The beef powder and soda were given mixed with milk at the commencement of the treatment.

I regret that I cannot supplement these cases by experiences of my own, but I have had no cases of gastric ulcer since becoming acquainted with this mode of treatment.

OXYURIDES, OR ASCARIDES VERMACULARES, THEIR HABITAT AND TREATMENT.

It is but little creditable to many, I may say most, writers on diseases of children, that they usually state that the *ascaris oxyuris* mostly infests the rectum, and the blind acceptance by me of this common statement, rendered the cure of two cases well-nigh impossible. To find out their habitat and character it is necessary to consult specialists in this department, and not rely upon works on general practice or on the diseases of children. Kuchenmeister¹ states that they inhabit the large intestine, especially the cæcum and rectum; and Cobbold says: "It is an error to suppose that the lower bowel or rectum forms their especial habitat, nevertheless the most approved manuals, *vade mecum*s, and general treatises have for a long time supported this general view."² And according to the same author, "they commonly infest the terminal portions of the intestinal tube, being especially abundant in the sigmoid flexure of the colon."³

Leuckart says: "Their only natural abode is the large intestine, the whole length of which is often inhabited." . . . "They are also found in the cæcum and the small intestine."

With cases of ascarides, occurring so frequently as they do in children and adults, we are all familiar, and there are usually no insuperable difficulties in affording relief by the constitutional and local means of treatment usually employed, the latter being most generally used on the theory that the *ascaris* inhabits the rectum solely, and that this should be made the point of attack; still, many of these cases are very troublesome. The two cases to which I have referred, however, are as follows: Six years ago Miss X——, then seventeen years of age, had a rectal abscess resulting in a fistula; this was successfully operated upon by Dr. J. C. Minor; it had been preceded by other abscesses. She had since infancy been troubled at various times by ascarides, and for two or three years they had been more intolerable than ever. Injections of nitrate of silver, strong infusions of the seeds of chenopodium, etc., always produced relief, but this was only momentary; internal remedies were also given, but as it proved, not enough reliance was placed upon them. I believe that the rectal abscesses, so severe and incessant almost was the itching, were caused by the parasites; they were so troublesome as to prevent sleep and were voided, according to the young lady's expression, "almost by the cupful," and she often found them on her clothing. The matter of diet was not overlooked. She was

¹ Die Parasiten. Leipzig, 1885.² Parasites. London, 1879.³ Entozoa. London, 1874.

particularly fond of old cheese, and this, with many other things, was prohibited. The fistula was cured, and the ravages of the ascarides kept in check more or less satisfactorily, mostly by an injection at bedtime of semina chenopii. Toward the spring of 1884, however, her sufferings became so great that she was obliged to seclude herself to a great extent from society. For a young lady of twenty-three, refined and noted for her beauty and accomplishments, this was a humiliating malady, not to take into consideration the extreme suffering entailed: had this continued much longer I think her reason would have become impaired. As my treatment had thus far been ineffectual, I determined to make an exploration of the rectum, which I did with a long two-bladed speculum. I found the mucous membrane swollen and dark red, the hemorrhoidal veins prominent and coated with mucous, and there were superficial erosions. I applied to the whole surface of the rectum a solution of thirty grains to the ounce of nitrate of silver, which produced relief lasting several days, and was followed by exfoliation; several other applications produced the same effect, but the benefit was not lasting. I thought I might have overlooked some pocula or sinus, and requested Dr. Minor to see the case, as I was about in despair; he examined the rectum with me but could not discover nor suggest anything different. The condition of the rectum at this time seemed pretty healthy. Upon making a later examination, however, I noticed, oozing from the sigmoid flexure of the colon, a quantity of jelly-like mucous in which there were a few oxyurides.

This discovery at once determined my course of action, and entirely discarding any more local treatment, I prescribed forty-five drops of Parke, Davis & Co.'s ext. fl. cort. rad. granati before each meal, and a grain and a half to two grains of santonine between meals and at bedtime, giving the latter remedy cautiously, as it sometimes develops poisonous effects unexpectedly. As there was more or less constipation, I ordered every morning one of the sulphate of soda waters, sometimes Pullna and sometimes Marienbad. I will terminate my account of this case by saying that these remedies effected a cure in a few weeks, and that the patient has remained well since, a period now of eight months.

The anthelmintics, however, I am convinced, would not of themselves have effected a cure in this case, as they afforded only limited relief, till I prescribed with them the sulphate of soda waters. I believe these were of great service in destroying the mucus in which the worms had their nidus, and I have found them of great value in all forms of intestinal parasites.

The second case was that of a married lady from a neighboring State, who had been under the care of a number of physicians at home, and had undergone a great many varieties of treatment without benefit. The local irritation had engendered insomnia, hysteria, and a condition bordering on nymphomania. I prescribed injections of the infusion of chenopodium at bedtime, and availing myself of the experience I had recently acquired, at once resorted to the same treatment I had employed in the case of my first patient, and with a similar happy result. At first neither the cæcum, rectum, nor colon can be positively designated as the region mainly or entirely infested; when it is the former, attention to the general health, a relaxed condition of the bowels, and local injections of various kinds will often prove sufficient; but when these measures are not followed by rapid improvement, it may be assumed that other portions of the intestinal canals are inhabited, and whatever other treatment seems most indicated, should be resorted to without delay.

It is *since* the cure of these two cases that I have ascertained what Cobbold and Kuchenmeister, as well as Leuckart, say. I should have saved my first patient a good deal of distress had I ascertained earlier, though the local applications corrected a very unhealthy condition of the rectum.

I may add that the opportunity is not very likely to occur to any one of actually *seeing* the oxyurides emerging from the sigmoid flexure into the rectum.—*The N. Y. Medical Record*.

NOTES AND MISCELLANY.

MURIATE OF COCAINE IN HAY FEVER.—Like all other new and fashionable remedies, the muriate of cocaine is being credited with the possession of a great variety of therapeutic properties. In addition to its anæsthetic effects, Dr. F. H. Bosworth, of New York, writes to the *Med. Record*, that he has found that when applied to the mucous membrane it is followed in about twenty or thirty seconds by a very notable contraction in the venous sinuses underlying the part which it reaches; and as the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly contracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures, which then become visible in absolute outline.

Therefore, he concludes, that we have a therapeutic agent of inestim-

able importance, and which he has every reason to believe will be sufficient :

1. To control the exacerbation of hay fever.
2. To relieve the most distressing symptoms of acute coryza, and curtail its duration.
3. To control the painful and distressing reaction which results from the use of caustics or instruments in the nasal cavity.
4. To completely empty the venous sinuses of the nasal mucous membrane, and thereby afford a thorough ocular inspection of the cavities.
5. To largely eliminate from our minor operations in the nasal cavities the troublesome hemorrhage which so often occurs, and to control epistaxis from whatever cause.—*Med. and Surg. Reporter.*

COCAINE IN LARYNGOLOGY.—Dr. Edmund Jelinek contributes some interesting statements on this subject to the *Wiener Med. Blatt*. As the result of numerous experiments in Schrotter's clinic, he says that, if the hydrochlorate of cocaine, either in powder or in the form of a strong solution, is applied to the mucous membrane, a marked diminution of the sensibility of the parts is noticed within a minute and a half. A solution of one part in ten or twenty is recommended, the formula suggested being as follows: Hydrochlorate of cocaine, 1 part; alcohol, 2 parts; distilled water, 3 parts.

In examinations of the nose and larynx, it is sufficient to pencil the anterior and posterior surfaces of the soft palate, the posterior wall of the pharynx, and the base of the tongue, the process being repeated after the lapse of a minute, if necessary. The local anæsthesia continues for about ten minutes. Professor Schroter speaks in the highest terms of the new remedy. He has produced most gratifying results by its use in cases of acute and tuberculous laryngitis attended with extreme irritation. Both Schroter and Stork have removed papillomata from the bands after inducing local anæsthesia, and testify to the value of the method.—*N. Y. Med. Jour.*

HYDROCHLORATE OF COCAINE IN GENITO-URINARY SURGERY.—Dr. A. T. Cabot reports several observations upon the anæsthetic properties of hydrochlorate of cocaine, showing its power of annulling sensation upon the mucous membrane of the urethra, glans penis, and prepuce.

Observation 1.—An elderly man with congenital adhesion of the prepuce over the posterior portion of the glans; suffering also from balanitis, which rendered the parts extremely sensitive, presented himself for treatment. A four-per-cent cocaine solution was applied with a

camel's hair brush, three applications being made in ten minutes, at the end of which time the prepuce was dissected off the glans without causing the patient any pain. Towards the end of the operation a slight sensitiveness showed itself, but was almost instantly annulled by a reapplication of the drug.

Observation.—The same patient had a structure of large calibre requiring the passage of a sound. The meatus and mucous membrane just within it were extremely sensitive, as was tested with an instrument.

The cocaine was applied about the orifice and as far within the urethra as it could be carried on a camel's hair brush. Fifteen minutes later a large sound was passed without any uncomfortable sensation, until it reached the deeper portion of the canal.

Observation 3.—A young man, with narrow meatus, who was extremely nervous and anxious to take ether rather than suffer any pain, had his meatus slit thoroughly to double its natural size without a sensation, the cocaine having been applied three times in the previous ten minutes.—*Boston Med. and Surg. Jour.* Nov. 27th.

HÆMATURIA IN CANCER OF THE KIDNEY.—Dr. A. Seibert has published a valuable contribution to our knowledge of cases of cancer of the kidney in the *Jahrb. für Kinderh.*, vol. xxi, H. 3. Besides mentioning one case of his own in detail, he gives a short description of fifty more cases collected by him, from which we may draw the conclusion, that male and female children and the right and the left kidney are equally often affected with cancer.

Infants suffer most frequently; seldom children after the fifth year. Jacobe is of the opinion that in cases of infants the cancer of the kidney is born with them, and usually develops itself most rapidly in the second half year. The diagnosis is based upon a kidney-tumor, emaciation, pains, frequent vomiting after meals, and early appearance of hæmaturia.

Bloody urine in cases of calculi and of kidneys in the state of caseous degeneration is rarely met with, is then not so profuse, and the blood not so pure, being mixed with mucous, pus, epithelium, and gravel. The pain of cancer of the kidney is not intense, appearing more as a heavy pressure; severe seizures or eclampsia, as in colic, never happen. With appearance of blood in the urine the pain at once ceases or becomes much milder. In cases of inflammation of a kidney we have at times hæmaturia, but here the quantity of the urine is lessened, and the bloody discharge ceases simultaneously with the phenomena of inflammation. Should, in case of cancer, inflammation of the healthy parts be added,

there is an increase of the blood-flow, while the quantity of the urine increases, and symptoms of obstruction are wanting. But should the first hemorrhage appear after the commencement of the sympathetic inflammation of the non-cancerous kidney, the hemorrhage then taking place is very sudden and copious. While these hemorrhages are very frequent in cases of cancer of a kidney, they never by themselves cause a fatal issue.

A CASE OF GENERAL IDIOPATHIC ATROPHY OF THE SKIN.—Before the last meeting of the American Dermatological Association, Dr. W. A. Hardaway read a paper on a case of this nature, and exhibited photographs illustrating the case.

The patient was a blind man, twenty-three years old. He had a sister also blind, and with the same skin disease, as he stated. The skin of his face was thickened and reddened, there were scars around his mouth, and he had the so-called "strumous lips." The integument of the trunk presented a checkered glistening aspect; patches of pigmented skin alternating with atrophic spots. The skin over the latter was tense and glistening, and could be picked up with difficulty. No dilated vessels were visible. The skin and muscles of the hand were atrophied, and the sides of the fingers had grown together over half their extent. There was necrosis of the conjunctivæ, corneal opacities and adhesion of the lids to the globes.

Dr. Duhring said that the atrophy was the only essential feature of the disease under consideration. All grades are met with, from those having no tendency to degeneration to those developing carcinoma or sarcoma.

Dr. Taylor said that in his opinion the condition of the skin in the case described in the paper was not like that met with in the disease known as *angioma pigmentosum et atrophicum*, as this patient presented simply an ill-nourished senile-like condition of the integument.

THEORIES OF COLOR PERCEPTION.—Dr. Swan M. Burnett, of Washington, D. D., elaborately discusses in the July number of the *American Journal of the Medical Sciences*, the various theories of color-perception, and points out that none of them accounts in a consistent manner for all the phenomena normal and abnormal colored-vision, and that, moreover, there are certain objections on physical grounds which, with our present knowledge of the laws of molecular and wave-motion, are insurmountable. He advances a theory which he thinks meets the requirements of the case in the light of recently acquired knowledge. He holds that it is essential to do away with the idea of the retina as a differentiating

organ, and that it should be looked upon simply as receiving and transmitting structure which shall give up faithfully to the optic nerve the impressions made upon it by the waves of the luminiferous ether. These impressions are carried by the nerve to the brain, and are there properly differentiated and converted into sensations. He believes that by this means all the phenomena of color-perception and color-blindness can be explained in a natural and consistent manner, without the necessity of imagining new tissues, or novel or unusual reactions of these tissues to light. Dr. Burnett considers the retina to be a substance whose ultimate structure is such as to allow it to respond at one and at the same time to a large number of ethereal vibrations; at least such a number as shall be presented by the clearly distinguishable colors of the spectrum.

His theory, Dr. Burnett holds, explains the phenomena of defects in color-perception, and receives support from biology and embryology.

TUBERCLE BACILLI IN URINE AND KIDNEYS.—In the meeting of the Berlin society for internal medicine, June 30, Dr. Mendelssohn presented a specimen of the urine and the kidneys of a patient who had been attended several days in the surgical clinic of the University of Berlin for incontinentia urinæ and bladder trouble. On account of a beginning lung-affection, discovered the fourth day, he was transferred to the medical ward, where two days later he suddenly died of mènigitis. The urine was scanty, opaque, and of alkaline reaction, and contained besides albumen a sediment with light-red clouds, which on nearer inspection were determined to be tissue-debris. The evaporated residue of this urine was examined under the microscope, and found to be full of tubercle bacilli. Their presence in the urine has already been mentioned by Lichtheim and Rosenstèin. Very interesting were the grouping of the bacilli and their collective accumulations. Koch, in his most recent communication on the etiology of tuberculosis, has described the type of the growth in pure cultures of tubercle bacilli as elegant figures with various snake-like shapes, the smallest of them resembling the Roman S. Exactly the same forms are met with in the urine of the patient above mentioned, and also in the pus contained in the kidneys. The microscopical examination *intra vitam* had determined the diagnosis of urogenital tuberculosis, and recognized its violent form on account of the great number of fresh bacilli. The rapidly fatal issue of this instructive case proved the correctness of the diagnosis.—*Med. and Surg. Record.*

FATAL CASE OF HYDROPHOBIA.—The *Courier Medical* describes a case of hydrophobia from the bite of a dog evidently not rabid. The patient had been bitten slightly about three months before his admission to the hospital, by a pregnant bitch which was not mad, and which had

since brought forth and suckled a litter of puppies. The owner of the animal admitted that this bitch when pregnant was evil-disposed, and attacked men and animals, whilst she had never been mad nor otherwise ill. The fear of hydrophobia was evidently not the cause of the symptoms observed, since the patient attached no importance to the bite which he had received, and did not even connect it with his illness. The writer adds that "it is prudent to mistrust dogs and cats when in the state of heat or of gestation, and when sick, and also when they become quarrelsome."—*Med. and Surg. Record.*

THE PREPARATION OF LIEBIG'S FOOD.—From an article by Dr. E. T. Williams in the *Boston Medical and Surgical Journal* of Nov. 13, Page 460 :

"The earliest announcement of Liebig's method of preparing infant's food was received with the warmest enthusiasm by the profession and the public. The idea of using malt as an artificial digestive for starch was certainly a brilliant one, and seemed to promise an infallible cure for every form of starchy dyspepsia, both in children and adults. The notion of a manufactured Liebig's food prepared to hand and ready for use was a natural conception and has much in its favor. This does away with the trouble of cooking, and secures a perfectly uniform product. One of Liebig's sons, with the 'help and approval' of his father, as he states, is or was concerned in the manufacture of such an article under the name of an extract of Liebig's food. Similar preparations have been sold in England and America. They are made or should be made by digesting malt and water in the form of a 'mash,' as brewers do, till the starch changes to glucose, and then evaporating to dryness in a vacuum. They are nothing more than Liebig's food ready made and evaporated down for convenience of keeping and dispensing. The popular Mellin's and Horlick's foods are articles of this sort. They consist mainly of grape sugar with the nitrogenous and mineral elements of grain. A half-pound bottle of Mellin's food costs seventy-five cents; **a one pound can of Horlick's food sells for the same price.** They are good foods and suit children extremely well.

Liebig recommends the food as a nutritious drink for adults as well as children. Its suitability for invalids and convalescents, for nursing mothers, and starchy dyspeptics goes without saying. Liebig recommends it in coffee in the place of cream. I have found it very good in chocolate. With coffee especially, in the style of *café au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *a la Liebig*, if they could be made fashionable, would make a most useful addition to our dietary."

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

APRIL, 1885.

THE RELATION OF MICRO-ORGANISMS TO THE ETIOLOGY
OF CERTAIN DISEASES.*

BY L. H. WOOD, M. D. DENVER, COLO.

Among the important medical discoveries of recent times, probably none has caused more universal comment and discussion or been received with more profound enthusiasm by those who have been watching for it and extend to it their full credance, than the discovery by Dr. Koch of the bacillus of tuberculosis, and, still none recently, of the comma-bacillus, the microbe of cholera.

Following, as these discoveries do, the results of Pasteur's labors in the cultivation of the specific poisons of chicken cholera and charbon, and their prevention by the inoculation of an attenuated virus, thus producing a milder form of the disease, which destroys the susceptibility of the system to the fatal natural virus; there arose a hope, if indeed it were not a belief, that by similar procedure a protective inoculation may be effected, which shall be mild and innocuous in its effects, and at the

*Read before the Arapahoe County Medical Society.

same time, afford protection from the fatal ravages of these diseases as now known.

These discoveries are the result of the most painstaking and conscientious work, the minuteness of whose details, and the patient and unwearying perseverance with which they have been carried out, challenge both our admiration and respect ; and a desire that they be carried on to a full fruition must be present in the heart of every true physician.

Yet, this ought not to deter us from subjecting both the facts and the deduction therefrom to the most careful and thoughtful scrutiny ; for, important as will be the results, if all is fulfilled that the enthusiasts predict, so is it equally important that we fall not into error.

In the words of Dr. Henry D. Didama in his annual address as president of the N. Y. State Medical Association, "We urge that investigation can not be too extensive and thorough ; but we counsel that there be no premature rushing into print with generalizations, lest the observations shall turn out illusory, lest alleged causes shall prove to be but unimportant coincidences."

Gentlemen, you are too familiar with the recent discoveries and researches in regard to the bacilli of tuberculosis and cholera ; and their publication and discussion is too recent to make it necessary for me to encroach upon the valuable time of the society by their narration. As you well know, it is claimed that the bacilla in each of these diseases is the specific causative agent in their etiology ; that without the bacilli we cannot have the disease, and that if the bacilli be found, it is positive proof of the diagnosis. In the words of another, "if we accept Koch's theory of phthisis, that tubercle bacilli precede in time and place all the pathological changes peculiar to tuberculosis ; and that their number, appearance and disappearance stand in direct relation to the cause of the tuberculosis," how are we to reconcile this dependence of all the various manifestations of this disease upon this parasitic origin, to the known pathological changes of cells and tissues, and the very evident dependence of this disease upon various abnormal metamorphoses, results of inflammation and improper hygiene. Can it be that all these are simply secondary ; and powerless to produce the disease in the absence of the bacilli ; or does the truth rather lie in this wise : that the abnormal cell growth, known to pathologists as tubercle, originates in some form of malnutrition or of vicious sequel to inflammatory conditions, such as catarrhal pneumonia, bronchitis and the like ; very much as has been the opinion of our most able observers for some time back :—and, that the bacilli tuberculosis, (of whose existence there seems to be no reason to doubt),

having found its proper soil or habitat, grows and flourishes therein. It seems also to be the universal testimony of microscopists, that this particular bacillus is found no where else; that it only exists in tubercle. The question arises, whether their constant presence in tubercle, even although it were proven beyond a doubt (and this has not as yet been done) could be explained in no other way than by assuming that the bacilli are the cause of the tubercle. Now we have good reason to suppose that bacilli only exist in tubercle. Why then assume that the presence of the bacillus antedates that of the tubercle in which it lives and has its being.

These questions need for their solution a longer period of observation, and further technical work. It is well to allow the first ardor of enthusiasm to cool before we apply the natural deductions which proceed from these discoveries to diagnosis and therapy. That bacilli promote the activity of degenerative processes, and hasten the breaking down of tuberculous tissue is more than probable; and equally so whether the bacilli be specific or no. Nor is it strange to find a peculiar bacillus or coccus in any abnormal tissue; on the contrary it is quite in accordance with biological laws.

If we come to consider no diagnosis of phthisis complete until we find the bacillus, and that its presence is pathognomonic, then it follows that the more laborious older method of making our diagnosis by a study of the physical signs and history, will be considered of less importance in doubtful cases, and I would venture to predict a neglect of the pursuit of that proficiency in these methods of diagnosis, which is as yet premature. And as regards treatment: already are the best Medical Journals full of new ways of treating tuberculosis founded upon a belief in its dependence upon a microscopic organism, the destruction of which ought to cure the disease; inhalations of various bacteriacides; injections of like substances into the pulmonary tissue; and excision by the knife of caseous lymphatic glands, lest the spores therein contained should gain access to the general system: and, (let this be regretted), far fewer articles upon the older and more assured methods, of dependence upon change of climate and that general attention to various matters tending to an improved nutrition and better hygiene, which has thus far given us the best results in the treatment of tubercular affections.

The comma-bacillus of Asiatic cholera seems to be a fruitful cause of disagreement between noted microscopist. While some claim to find it in cases of cholera nostras as well, others fail to find it in true cholera. Koch considers its presence in Asiatic cholera so uniform as to depend

upon it as a means of diagnosis, especially in determining the first cases of an epidemic, those cases in which doubt often exists whether they be cases of cholera Asiatica or of cholera nostras, and in which dependence upon the symptomatology fails to afford a positive solution of the doubt.

Were there not so much variance in opinion among microscopists of known and acknowledged excellence, we might indeed hope that in the microscope we possess a ready and unerring means of arriving at a certain diagnosis in these perplexing cases, and this might be none the less true whether the comma-bacilli be a cause of Asiatic cholera or only a coincident accompaniment.

The means of differentiation between the comma-bacilli and others of very similar form and behavior which are found present in other fluxes, which equally closely resemble cholera, require the application of unusual skill and experience in the study of their habits, and of the results of their cultivation in various media, which could with difficulty be acquired during the absence of epidemics of cholera in easily accessible portions of the world.

It seems evident that at least until our bacteriologists are able to themselves see the same things in the same suspected materials, that it is premature to advise the dependence upon such data for the diagnosis of doubtful cases, upon whose correct diagnosis may depend not only the health of large communities but as well the expenditure of much labor and treasure, which latter ought freely to be done in case of necessity, but whose needless expenditure only makes it more difficult to procure when it is actually needed in the future.

The "Times of India" in reviewing the labors of the Cholera Commission says that they were unable to confirm the results of Dr Koch, and that Drs. Klein and Gibbes after examining a large number of typical cases of cholera were unable to find any micro-organism which has any sort of relation to the disease.

Now I am well aware of the fact that Dr. Klein is a pronounced disbeliever in the theories of Dr. Koch, and that he has been made the subject of much ridicule and adverse criticism on account of having given expression to his incredulity by making a meal of the microbes; still, he is a microscopist of no mean attainments, and his opinion is entitled to respect and consideration.

Whether these various micro-organisms are the specific etiological cause of those diseases in which they may be found cannot be determined by microscopical research alone. That they exist in a given dis-

case, or even that they are found under no other condition, and then always, does not prove that hence the disease is *caused* by their presence.

The most essential and important evidence is still wanting. It must be absolutely proved that the bacillus or microbe will, when introduced into the healthy person, produce the disease; and that the disease can not originate in its absence.

To prove these questions in such a manner as to satisfy a scrutiny which is as penetrating and exacting as our microscopic friends have been diligent in their researches, will be found beset with difficulties such as these: To inoculate the bacilli without at the same time introducing the stroma in which it floats; repeated cultivation dilutes the fluid, but it does not eliminate all possibility of error. If both the bacilli and the fluid in which it exists are inoculated, it surely does not prove that the bacilli is the cause of what may follow the operation. Again, there exist at all times in the atmosphere, and even in the human body itself, many kinds of spores. Can we be sure of the absence of those of any given disease which we may be investigating? If not, then we may be continually exposed to its ravages, and there must be added some other cause or condition to enable it to grow and become a well formed bacillus, or, for the disease to develop. It may be said that the system yields easier to their malign influence at some times than at others, but this is begging the question, not solving it. In tuberculosis, at least, we have reason to believe that the bacilli must be present almost everywhere, yet, in the absence of other favorable conditions the disease is not contracted; not even, it is said, by the attendants in institutions for the care of its victims. True, we find repeated cases in families and in houses; but does that prove contagion in a disease so widely spread? Are not there always present causes for the disease sufficient to explain its presence whether there are bacilli or not? The inoculation of the bacilli of tubercle has sometimes succeeded and at others failed, and tubercle has developed in the guinea pig after inoculating supposed inert matter.

Such experiments have not as yet been satisfactory, and can seldom be performed on the human subject.

In the case of cholera we still need more complete experiments in the effects of inoculating the bacilli, but successful results seem more probable than on the case of tubercle.

In conclusion I would suggest that we hinder not the pursuit of these investigations; but, let us weigh well the data thus obtained before we proceed to formulate theories and adapt new therapeutical measures, that they may be fully warranted and upheld by sound, well-proven facts, and be not merely the flights of an active imagination.

PUERPERAL CONVULSIONS.*

BY J. E. BLAINE, M.D.

In choosing this as the subject of my paper this evening, I do so not expecting to bring forward anything new, but to present to you three interesting cases occurring in my practice within the past year, and to make a brief review of some of the literature of the subject. Fortunately this disease is by no means frequent, but occurs sufficiently often to cause the Physician to be ever on the alert, and watchful for the premonitory symptoms in each and every case he is called to attend. The proportion is about one case in five hundred pregnancies, occurring most frequently during delivery, especially in the period of dilatation and expulsion. Robust, sanguine, young or nervous females are, as a rule, more liable to the disease than feeble or older women. Every woman, primipara especially, and her friends await the approaching confinement with fear and anxiety, and hardly any other disease can occur during parturition requiring at the hands of the physician such a cool head, clear judgment and prompt action as this disease—and to the friends and attendants of the patient there is nothing so horrible, distressing and heartrending as to see their loved ones in convulsions. After waiting eleven years in a moderately large obstetrical practice it was my fortune not to meet a genuine case of this disease until a year ago. I will now relate that case and two others following soon afterwards. Case 1. Mrs. M., aged 21 years. Second confinement. Had attended her in her previous confinement twenty-three months before, which was normal in all respects. Was called at 6 a.m. Feb. 5, '84, messenger saying that patient was in convulsions. On reaching her bedside in a short time found her in second convulsion, face flushed, eyes injected and rolled upwards, pupils largely dilated, carotids beating strongly and prominent, facial muscles working spasmodically, arms and limbs participating, pulse full, strong and rapid, skin hot and dry; temperature $103\frac{1}{2}^{\circ}$. Husband said she had complained the latter part of the night of headache, distress in epigastrium, vomiting and disturbances of eyesight. Her feet and limbs had been considerably swollen for some time back, was at full term, had had no labor pains that she had spoken of. The subsidence of the spasm in a few moments was followed by a deep coma—Stertorous breathing and full, slower pulse. Upon drawing the urine and making a careful test I found the coagulum of albumen to fill $\frac{3}{4}$ of the tube, urine scanty, high colored, slightly acid, with strong odor. Mouth of wound soft but only

*Read before the Denver Medical Association.

dilated sufficiently to admit tip of index finger. Injected hypodermically, at once $\frac{1}{4}$ grain Morphia with $\frac{1}{8}$ grain of Atropia, per rectum gave 60 grains of Bromide of Potash with 30 grains of Chloral dissolved in glycerine. Had a number of bottles filled with hot water, covered with woollen cloths placed in the bed near her person in different positions. In a short time the coma passing away sufficiently I gave her per orem $\frac{1}{2}$ grain of Clutterbucks Elaterium and in a few minutes more a drachm of Fl Ext of Jaborandi. In $\frac{3}{4}$ of an hour she had the third convulsion, mild. In twenty minutes more had the fourth, quite severe, during which a copious evacuation from the bowels took place. I repeated the morphia—rectal injection and jaborandi. The fifth and sixth convulsions occurred in the next hour and a half. The same treatment was repeated after the sixth spasm as before, excepting half a grain of morphia and the one forty-eighth of atropia was injected. Following this the perspiration and salivation now became quite abundant, the perspiration was of a decidedly urinary odor—urine showing about the same amount of albumen. Labor had not advanced any during this time but the signs of foetal life were quite distinct. The coma, or narcotism, continued for five hours when she slowly regained, apparently, her senses. At 6 p. m., nine hours after last convulsion the patient exclaimed, "I'm going blind," and immediately had the seventh—last and severest convulsion, I then injected $\frac{3}{4}$ grain of morphia with $\frac{1}{8}$ gr. of atropia. Examination revealing the womb sufficiently after dilated, during the coma I delivered her with the forceps, without difficulty, of a living child. who showed no signs of the terrible ordeal of the mother. Placenta came away promptly—uterus contracted well—post partum flow natural and perspiring freely—she slept heavily for six hours. It was thirty-six hours after her delivery before the blindness passed away, nor had she any recollection whatever of anything that transpired since the first spasm. The after treatment consisted of measures to maintain the perspiration, keeping the bowels open and hot applications of digitalis leaves over the kidneys. The albumen decreased rapidly at first then more slowly until the seventh day when it entirely disappeared. She remains quite well and hearty to the present time.

Case II. Mrs. B., aged 19, first confinement. Was taken with severe labor pains at 9 a.m., March 22, '84, being at full term. In two and a quarter hours from first pain the child was born with a rush, completely rupturing the perineum. The medical attendant having administered an unwarrantable amount of ergot. The placenta was retained and no manual efforts were made to extract it, but at 3 p.m. the attend-

ant dashed some cold water over her abdomen when she promptly went into a convulsion. The amount of ergot administered, $2\frac{1}{2}$ to $3\frac{1}{2}$ drachms, and sudden checking of the perspiration no doubt assisted very materially in producing the eclamptic state. In answer to telegram I reached her bedside at 7 p.m., found her face flushed; skin hot and dry; arterial tension exceedingly high, comatose, temperature $103\frac{1}{4}^{\circ}$, urine scanty and 60 per cent. albumen. During this examination she had the fifth convulsion, the severest I ever witnessed. I immediately gave, hypodermically, $\frac{3}{4}$ of a grain of morphia with the $\frac{1}{4}$ grain of atropia. Placed bottles of hot water under the bed clothing, injected into rectum a large clyster of castor oil and soap suds. As soon as she could swallow gave a drachm of the fl ext of jaborandi and $\frac{1}{2}$ grain of elaterium. In a few hours perspiration and salivation became very profuse. In twelve hours the albumen was reduced to forty per cent.; bowels moved freely; she was not allowed to return from out of the narcotism for thirty hours as each four to five hours there would be nervous twitchings, etc., so that I feared a return of the spasms. It was forty hours before full consciousness returned, and for a couple of days longer was amaurotic. Temperature fell slowly and the albumen remained in decreasing amount till the twelfth day. Neither had this patient any recollection of anything that transpired after the first pain. Six weeks afterwards had a perfectly successful operation in restoring the perineum. She had oedema of lower extremities for six weeks before confinement.

Case III. Nettie V., aged 20, unmarried, was in third convulsion when I reached her bedside. Pulse feeble and rapid, face pale and anemic—comatose—skin hot and dry, urine scanty and 40 per cent. albumen, injected at once $\frac{3}{4}$ grain of morphia with $\frac{1}{4}$ grain of atropia. The mouth of the womb being sufficiently open I delivered her at once, with forceps, of a living child. Had one more convulsion shortly after delivery—placenta came away in a few minutes accompanied with considerable hemorrhage which was hard to control. She also made a good recovery—had oedema of limbs and puffiness of eyes for considerable time before.

In looking over our journals we find many cases reported as Puerperal Convulsions in which there is no evidence of their being uræmic evidently applying the term to all convulsions or convulsive movements occurring in the pregnant female. The older writers, under this head, have classed them as Epileptic, Apoplectic, Cataleptic, Jetanic, Hysteric, etc., etc. The use of the term Puerperal Eclampsia should be limited to only that form of convulsions occurring during pregnancy, parturition

or shortly after the termination of labor, *which* are dependent either upon the puerperal state as the exciting cause to that condition of the kidneys, or state of the blood, which through the kidneys give rise to the presence of albumen in the urine *or* where kidney disease of that character is present from other causes antedating the pregnancy. Albumen in large quantities was present in each of my cases, Yet I have several times seen cases of convulsions at that time without albumen—œdema, etc., they could not come under the above head—being I think nervous or as due to a reflex process, like the reflex epilepsy produced by peripheral irritation, and they all recovered. Cazeaux says he has *invariably* found albumen present in all his cases and those which came under his observation, and so very constant is this union of albuminuria and eclampsia that it seems highly improbable, nay impossible for there not to be an intimate relationship between the two, while we admit the fact that post mortem examinations do some times fail to reveal any organic or observable lesions of the kidneys, we must remember the fact that all Pathologists do not claim that albuminuria is a disease of the kidneys *sui ipsi*, but that it indicates a preñicious condition of the system of which it is a symptom. Also, the secretion of urine is not confined to the kidneys alone since it takes place before their formation. Uric acid and other elements of the urine have been found in the fluid contained in the allantoid. Pidoux says the secretion of urine is at once a local and general function; general because it commences everywhere and local because it ends in the kidneys. To study the kidney alone when we wish to obtain a physiological idea of its function is to neglect an important element. So Pathologically to always expect to find the causes of disorders of the urinary secretion in alteration of the kidney is to overlook a number of other causes that may have equally as great an influence. Wherefore according to Gubler the albuminuria of pregnancy seems to proceed from and be connected with either of three conditions: 1st. Superalbuminosis—2nd. Overdistention of the blood vessels of the kidney, and, 3rd. Albuminous Nephritis. (The last may be primary or secondary).

1st. Superalbuminosis, we can accept it as an axiom that the greater the secretion of albumen the less the secretion of urea. Here we have to consider not the relative proportions of water and organic matters but rather the comparative relations of the two. Gubler states that such a comparison shows as a general rule a marked predominance of albumen as compared with the corpuscles. It has been demonstrated clearly that a larger porportion of albumen is found in the blood of pregnant women,

for during pregnancy the mother's blood has to supply the *fœtus* with its nutritive materials, but only in a diffusable form owing to there being no inosculation between the maternal and foetal vessels. Albumen in its various forms is required for the nourishment of the new being, and the maternal organism has to provide for a double expenditure, hence a bad state of the economy or disturbance caused by this new effort on the system may cause an increase of the albumen beyond all requirements and thus we would have the state of superalbuminosis.

2nd. Overdistention of the blood vessels of the kidney may be produced by pressure on the renal veins or ascending vena cava, diminishing or obstructing the return circulation from the kidneys, and thus producing congestion and embarrassment in their actions. Many circumstances seem to favor this view for albuminuria and convulsions are most frequent in the primipara, in whom the structures are less yielding and the pressure greater than afterwards.

Then again in those cases where there is little or no evidence of albumen in the urine at the beginning of labor and we find during a long labor with strong, continuous pains, a sudden appearance or increase of albumen it is undoubtedly due to the obstruction to the return blood of the kidneys and a congested state of them. We know that if enough water be thrown into the vascular system to increase suddenly the mass of blood and produce a strong vascular tension, albumen is found to escape immediately into the urine. A still more decisive test is afforded by tying the emulgent vein, in this case the sudden arrest of the venous circulation determines a progressive stagnation in the capillary vessels and albuminuria results. Whenever, therefore, sufficient pressure is made by a tumor upon the renal vein or ascending vena cava sufficient to obstruct the return circulation from the kidneys the urine is extremely certain to contain albumen. According to M. Jucund, this is the most frequent cause of the albuminuria of pregnancy. Generally it does not begin until after the sixth month of pregnancy, then everything conspires to produce considerable obstruction of the abdominal circulation; that of the kidney is slackened as well as that of the liver and spleen and the pressure thus abnormally produced in the malpighian bodies leads to the passage of albumen into the urine. Frericks on the other hand from his experiments claims the presence of urea in the blood is not sufficient to produce eclampsia. Treitz says the saturation of the blood with the urea in Bright's disease is followed by its elimination throughout the intestinal canal and the substances with which it comes in contact causes its transformation into carbonate of ammonia, which, passing into the blood

produces eclampsia from ammon-æmia, but it is clearly demonstrated that it is only *eclamptiform* attacks that are produced by carbonate of ammonia, while uræmic poisoning produces convulsions, delirium, and coma. Braun collected at the Vienna Maternity forty-four cases of eclampsia in 24,000 confinements, eight of which were due to accidental causes, two to hysteria, four to habitual epilepsy, one to cerebral hemorrhage, one due to poisoning by carbonic acid gas; in the remaining twenty-eight cases albuminuria was present. But an explanation (E. B. Stephens) is required for those cases of eclampsia in the second, third and fourth months of pregnancy in patients not the subjects of Bright's disease. In these cases there can be no pressure, nor a sufficiently altered condition of the blood to account for it, but we have this state. "The albuminuria arising in the earliest months of pregnancy is associated with a growing vitality of the ovum, and an increased functional activity of the uterus. The fertilization of the ovum must be followed by impression made on that part of the nervous system which guides the process of nutrition, and the uterus cannot become enlarged and develop itself so as to be a suitable home for the growing fœtus, or the means of its expulsion at maturity without the reception of nutritive force. The great sympathetic nerve underlies all these actions. The first being accomplished by the vaso motor. We have a blood ready to furnish the material and what is required is a capillary circulation ready to take it up. This can only be done through the sympathetic nervous system. The spermatic plexus supplies the uterus, and the spermatic is chiefly drawn from the renal. With this close anatomical relation is there not a close physiological and pathological association? (Martin). The impulse sent forth by the common nerve centre to one organ may sometimes react and send a similar impulse through another set of nerves to another closely associated organ, a sort of internal reflex action may in this way be propelled from the uterus to the kidney, and in the earlier months of pregnancy, when the uterus is in a state of functional activity, there may be the propulsion of an influence from it to the renal nerves, which lasting for a long time stimulates or alters the interstitial circulation of the kidney so as to produce albuminuria. That during pregnancy the urine maybe albuminous and yet no convulsions occur is a matter of common experience, but the exaltation of nervous susceptibility which accompanies this new state of the pregnant woman, the effect of exhaustion or febrile action by destroying the equilibrium of the nervous system or the sudden onset of labor may be the causation of uræmic convulsions from an amount of urea that would otherwise be inadequate to produce them.

So generally with the emptying of the uterus the kidneys are righted and resume their normal functions. But the frequent recurrence of pregnancy with albuminuria will oft times produce permanent kidney disease and we find the granular kidney.

3rd. class. albuminous nephritis. Gubler says this may be primary or secondary. Primary is where the kidney may be the seat of the initial phenomena of the disease. Secondary when the co-operative circumstances, as cold, etc., may increase the hyperæmia to the state of inflammation, properly so called, here the albuminuria is maintained by the kidney itself. (See the admirable work by Dickenson on Albuminuria, in Wood's library.

The only reliable and pathognomic symptom is the presence of albumen and casts in the urine, but where we find a patient at any time during her pregnancy a condition of oedema, slight or great, a complaining of alterations of the urinary secretion, unusual agitation, distress over the region of the kidneys, headache, usually laterly, pain and distress in the epigastric region, or ophthalmic disturbances it should arouse our worst apprehensions and cause repeated and careful analyses of the urine. The quantity of albumen present in the urine does not give any certain indication as to the convulsive tendency, as some cases of only 10 per cent. will have convulsions and others with 20 per cent. will not. The attacks present the same symptomatology as epileptic seizures, excepting the cry, and I omit a further description of them. The attack may last from a few moments to a quarter of an hour and is followed by coma. In severe cases the patients only rally from the coma to fall into another seizure and death will occur without a restoration of consciousness. When the attacks cease the coma often lasts several days until the senses are slowly regained. Memory is very much affected in these cases and patients do not know they have been confined and refuse to recognize their offspring. The labor pains and the act of delivery undergo various modifications in different cases. If the spasm occurs during the first stage of labor, the uterus is contracted and firm to the feel and the progress of labor is retarded. When the spasm occurs at the moment of expulsion the delivery is very rapid, often there is no trace of pain when the spasm begins, but eclampsia provokes pains and the delivery of the child is almost always premature. Sometimes the eclamptic attack and labor pains may be separated several weeks and when the pains do appear we most always have a dead child. The death of the foetus is not attributable, as Kiwisch thinks, to circulatory disturbances in the placenta vessels but rather to uræmic poisoning affecting the child through the blood

of the mother. For upon several occasions considerable quantities of urea have been found in the blood of the umbilical cord of children who were born alive and whose mothers had suffered from uræmic convulsions. Death may occur from asphyxia, hemorrhage, serious infiltration of the brain, secondary cerebral inflammation, pulmonary oedema, or puerperal fever for which the exudative processes of eclampsia appear to create a predisposition. The number and frequency of the convulsions do not constitute an indication of the prognosis, but the steady rise of the temperature for an hour or two, reaching 104° or more, the patient usually dies. The effects of eclampsia upon the child are very disastrous, nearly half the children die, and the mortality is larger the earlier the period of pregnancy at which the disease is developed. In the treatment prior to the convulsions or confinement the first object is elimination of the urea and restoring as far as possible the equilibrium of the system and relief to the congested or inflamed kidney. This is best accomplished through bowels and perspiratory apparatus. The hydræmia should be combatted with nourishing diet, vegetable and ferruginous tonics, peptonized milk, beef-tea, gruels, saline and hydragogue laxatives, nervines and Jaborandi. This last article has thus far proved of inestimable value in this disease; produces profuse perspiration and salivation; from 9 to 15 oz. of sweat are said frequently to be excreted and to contain a notable amount of urea. Increases the urine decidedly; lowers the temperature and reduces the arterial tension; can be used as efficiently hypodermically by using the active principle pilocarpine.

A convulsion occurring or about to occur demands immediate control by rendering the system unimpressionable to the uræmic irritation. To accomplish this chloroform has many advocates and deservedly ranks high, the principle objection to its use is the transient character of its effects, requiring its constant application, which in itself is a source of great danger, and in cases where the convulsions occur in the beginning of labor *it is* quite apt to cause a cessation of the pains, prolonging the labor and increasing the danger, also after several hours of administration it appears to lose its power. It may be given at the very first sign of nervousness, agitation or tendency to convulsive action, continued till the patient falls asleep, discontinuing it then till she awakes or shows a tendency to return to her former state. Chloral and the Bromides appear to have no especial power in this disease and the difficulty of administering them so as to secure their absorption promptly, places them without the pale of prompt reliable remedies. Morphia, hypodermically, seems to fill *all* the requirements, easily administered, almost

immediate in its action, and in full doses controlling the spasms from six to ten hours. The objection to its use is that we may be unable to control its toxic effects, especially if given during the coma, but in this disease each recurring convulsion, increasing the danger largely, brain becoming congested and the coma deeper : its indications far outweigh the contraindications. In each of my cases as soon as a good liberal injection of morphia was given (and I gave them immediately on cessation of the spasm) a very satisfactory condition was brought about, $\frac{3}{4}$ of a grain of morphia only contracting the pupil, from its previously enlarged state, to about normal size. The dangers of its administration in large doses and at this time can be to a great extent guarded against by antagonizing its lethal effects with atropia as recommended by Fothergill in his admirable little Brochure on, "The Antagonisms of Medicines," morphia, also, by its relaxing the peripheral nerve terminations favors perspiration and the atropia prevents it from stopping the urinary secretion, being a par-turient remedy of undoubted value it relaxes the cervix ; quieting the spurious pains enables the expulsive contractions to produce their full effect. In my first case it required one grain of the morphia in the two and a half hours to obtain control of the spasms and it lasted nine hours. My other cases beginning with a larger dose I had control almost immediately. In the majority of cases reported in the past ten years the morphia treatment has obtained the best results. The declaration was made in the obstetrical society of New York City last year that, "The induction of labor and narcotization by morphia constitutes the treatment." A large dose of morphia is required in this disease and an injection from $\frac{1}{2}$ to 1 grain is proper. In the July number of the *American Journal of Obstetrics*, four cases are reported, in three of which 1 grain dose was used : in the fourth $1\frac{1}{2}$ grains—with complete success in each case. Venesection is much less frequently performed than formerly. It seems to increase the serosity of the blood and exhaustion of the woman and to favor the development of thrombosis and Pyæmia. The vast majority of patients need all the blood they have. How much elimination can there be in drawing twenty or forty oz. of blood? And with the exception of cases of intense lividity of the countenance, injected eyes, strong, vigorous pulsation of the carotids, or in patients of a very strong constitution a bleeding at once may prevent congestion of the brain and give time for the administration of other remedies but the practice of repeated bleedings at short intervals has been rejected. Elaterum and castor oil are reliable, efficient cathartics—acting quickly and can be assisted by rectal injections. Jaborandi or Pilocarpine are of the great-

est value—assisted by the hot air bath or bottles filled with hot water—in using the latter care must be taken to not allow them to come in contact with the body of the patient or serious burns may be given; Dr. Ferguson recommends the following as an efficient pack: A cotton sheet is folded and laid upon the floor, upon this is spread an oil cloth, and over this four folds of flannel wrung out of hot water; place the whole under the patient covering her from the axilla to the trochanters.

In all cases delivery should be accomplished as rapidly as possible. If the womb is not dilated sufficiently rectal or vaginal injections of chloral and the bromides will assist very materially. Barne's dilators or digital dilatation may be employed but in some cases reported the forcible dilatation acted so irritative to the nervous system that the convulsions reoccurred on each such attempt. *Veratrum Viride* has been tried in a few cases and reported as controlling the convulsions by keeping the pulse down to 50 beats per minute.

In conclusion we can safely assert that "one woman out of every eight or nine who present albuminuria during pregnancy becomes affected with eclampsia either before, during, or after confinement." "The presence of albumen in the urine of pregnant women increases their liability from one in 500 to one in nine; and the main point upon which it is necessary to insist, is, that it is not reasonable, because in very few exceptional cases uræmia is absent in convulsions, to deny to uræmia, in the overwhelming porportion of cases in which it is demonstrably present. its importance as the most distinctive factor."

Bibliography—Cazeaux—Rosenthal—Dickenson and *American Jour. of Obs.*—Lusk.

REPORT OF A CASE OF MALARIAL FEVER OCCURRING IN COLORADO.

BY R. H. WORTHINGTON, M.D., HUGO, COLO.

Marked cases of Malarial Fever occurring in Colorado are so seldom met with that I think the one I have to offer may be of interest, especially as it occurred after a residence of three years in Colorado and four years after any previous malarial symptoms.

On Sunday evening, June 29, 1884, I was called to Mrs. Mary I—, a resident of Hugo, Elbert county, Colo., aged 42, found her suffering with great aching of the back and limbs with a temperature of 103.5°. The fever had come on at about 11 a.m. and was at its height at 2 p.m.,

but had sensibly declined at 7, when I was called. There had been no marked chill, only a slight chilliness which rapidly passed away. The face slightly yellowish, conjunctiva clear; and tongue with a slight whitish coat. I must confess that I was unable to make a diagnosis, but the patient informed me that she had had another attack on the Thursday previous and was confident that it was "The third day ague;" the subsequent history of the case proved the correctness of her views.

After which I administered a hypodermic of morphia which eased her pain, the third stage shortly after came on, lasting several hours.

The next day I gave Fowler's solution in five drop doses, but it caused such nausea that I was obliged to discontinue. I had given over night comp. colocyuth pills, which acted copiously bringing away several large bile-laden stools. I then gave an iron quinine and strychnine tonic.

The next attack being expected on Wednesday, I averted it by four five grain doses of quinine in solution, given at intervals of one hour, the last one four hours before the expected attack. This I directed to be repeated on the expected days, the tonic being taken in the interval. On the following Saturday the attack was again averted, but some aching of the limbs experienced.

I did not see her again until Wednesday, July 9th, when I heard to my surprise that she had had another attack the day before as bad as ever. I found her decidedly jaundiced and very weak and quite discouraged. I learned on inquiry that she had taken an insufficient amount of quinine believing it to be unnecessary. I gave calomel grs. iij, stopped the iron mixture, put her on K I and arsenic and ordered the quinine as before. After this there was no further attack and she rapidly improved in color and strength. I subsequently put her upon small doses of nitric acid and kept up the action of the liver by podophyllin and continued the quinine.

My patient had had ague when a girl in Virginia where it was at that time a rarity, so much so that people came for miles to see her "shake." She took it in August or September and did not get rid of it till the following February. She had it subsequently in the Ohio Valley and in Nebraska. She had had none for four years previous to this attack. All her former attacks had been either quotidian or tertian, never quartan as in this instance. This attack was also marked by the very slight chill, it being hardly noticeable by the patient herself, and in fact when I was first called I was told there had been none. I found, however, that she had had some supra-orbital neuralgia occasionally for some

weeks but was unable to say whether it observed the same periodicity as the subsequent fever did.

The point on which I am most interested is that of etiology, and the question arises why should the malarial poison, doubtless lying dormant in the system, have been excited to activity after a residence of three years in a state universally supposed to be as free from malaria as any in the union? Is not such a case almost unique here? Irregular malarial attacks are not uncommon in persons who are recently from a malarial region, but similar cases to this in Colorado I have not seen.

Hugo is a small town on the plains 105 miles east of Denver with an elevation of 5068 feet, according to the U.P.R.R. Co.'s table. The soil is chiefly adobe clay; water being found in sand below the adobe at a depth of 10 to 12 feet. This season was unusually rainy but there was but little water standing after rains, hardly more than there would be on the outskirts of Denver.

The R.R. Co. have, this spring, about the time of this case, plowed up the ditches of the streets with a view to making a better surface drainage, and it is possible that this disturbance of the soil may, to some extent, account for it.

Again, my patient had frequently risen very early in the morning and been out of doors while there was the damp, early-morning mist often seen on the plains just before sunrise. These are the only influences to which she has been exposed, to which I can in any way attribute the attack.

Two other cases occurred in Hugo about the same time which I believe were malarial. One was a sheep shearer, who had had an attack a month previously, when in Kansas. He came to my office with a temperature of 105° following a sharp chill. I administered quinine and he had no other attack.

The other case was a child of eight years old, daily fever 104° which also yielded readily to quinine. He had been in Kansas a year previously and had had ague there.

THE CARNEGIE LABORATORY OF THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

BY L.C. WINSOR. M.D.

The largest and most completely equipped pathological laboratory in this country, and one of the largest in the world, is the new laboratory which has just been completed, and will be opened at the commence-

ment of the spring session of the Bellevue Hospital Medical College.

The money with which the laboratory was built and furnished was given by Mr. Andrew Carnegie. The building is on the same street as the college and only a few steps distant.

Its size is 50x100 feet, five stories high, and the front of the building is of pressed brick and handsomely ornamented with terra-cotta work.

Upon entering the building there is a wide hall way extending to the back, where a flight of double stairs lead up to the amphitheater. On either side of the hall are large rooms; those in the front of the building are the janitor's office and the Faculty reception room. The other two are used respectively as library and museum. It is expected that the library will consist of all the literature that has ever been written upon Pathology. In the cellar is a frog pond and kennels, for dogs, rabbits, guinea pigs, &c., in which to keep the animals for physiological study.

On the second floor in front is the first laboratory, which is 50x25 feet. This laboratory is lighted by large windows extending the entire front of the room and giving an abundance of light to every part of the laboratory. This is designed for students beginning the study of Pathology and Histology, and for pathological demonstrations.

The second laboratory is on the floor above; of the same dimensions and lighted in the same manner. It is designed for advanced students, and for surgical pathology.

The third laboratory is for the use of those students or graduates who wish to pursue original investigation. It is smaller than the others and on the fourth floor. On this floor, also, are rooms fitted up for the study of surgery, where operations on animals can be done under the strictest antiseptic precautions. The fifth floor is divided into rooms, for the use of students who may wish to room in the building, while engaged in pathological study. The rooms have all the modern conveniences.

The amphitheater is in the back part of the building on the third and fourth floors. It is finished in ash, as is the whole building. The seats are orchestra chairs and the seating capacity is 400. Above is a large skylight which gives good ventilation and plenty of light. In this amphitheater will be given the lectures on medical and surgical pathology.

\$5,000 has been given for the purchase of scientific apparatus, including fifty microscopes, all kinds of injecting apparatus, sphygmographs, microtomes, instruments for the study of the contractions of muscles, and in fact every kind of necessary apparatus. There is also a set of culture apparatus—being made in Germany by the maker of Koch's—

which is expected to arrive in time for the spring session. This apparatus will be used in rooms fitted especially for the cultivation of the micro-organisms. \$80,000 has been expended and there is nothing wanting for the study of pathology or original research. As yet no professor of pathology has been appointed although several applications from Europe have been received; but it is temporarily under the direction of Profs. E.G. Janeway and Frederic. S. Dennis, until a professor shall be appointed.

The instruction will consist of a course in the microscopic examination of Urine, Practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Pathology and Histology. The laboratories are open to any one who desires to make original investigation or who may wish to pursue a special line of work under the direction of those officially connected with the college.

Special instruction in private classes will also be given to those who desire to take them.

This gift of Mr. Andrew Carnegie for the advancement of science, will be of inestimable value, not only to the profession, but through them, to the country at large. Large gifts are often given to churches and asylums, with evident benefit to the community in which they are situated, but gifts like this have a far reaching influence, which no one can calculate; and although but few such are made, their influence for the elevation and advancement of humanity, is perhaps greater than the many that are given for other causes—etc., etc.

COCAINE.

Thomas H. Hawkins, M.D., Editor MEDICAL TIMES, Denver, Colo.

DEAR SIR:

I have been using the wonderful new remedy, the hydrochlorate of Cocaine, very much of late in my gynecological practice and do not see how I could get along without it in my office. The wonderful results in cases heretofore almost intractable, have been such that I use it almost constantly; and I have read with interest the numerous articles in your Journal about Cocaine.

I was especially attracted by a paper copied from the New York Medical Journal in which Dr. Otis relates his experience.

Notwithstanding that my practice is now, by choice and force of circumstances, limited to the treatment of diseases of women, I am occasionally consulted by an old friend or fellow practitioner in other matters, and I have thus had occasion to test the remarkable effect of cocaine in

genito urinary practice ; and I write this, to say to you, how forcibly I was struck with the prophetic statement of Dr. Otis, who says :

"It will, I think, be proved that the greatest good will come from the use of cocaine in cases of irritability of the deep urethra, associated with prostatic disease. In these cases the passage of a catheter so essential to the comfort and often the life of the patient, is frequently rendered painful, and not rarely impossible, by spasms of the deep urethra. The use of cocaine promises to reduce both pain and the spasms and allow of the easy passage of the instrument."

I was summoned some months ago in haste to an esteemed colleague, our oldest practitioner, long since retired, and for years a sufferer from prostatic disease. He himself had been in the habit of passing the catheter, but seems to have failed on this occasion. I found him in intense agony with half a pint of coagulated blood in the bowl, the result of repeated attempts at passing catheters of various kinds, silver and rubber. After he had failed, it had been attempted by his nurse, with a similar result—suffering and hemorrhage.

Notwithstanding that he had used the catheter for years, he looked forward to each application with terror, and his sufferings now were agonizing ; both he and his nurse had repeatedly tried various instruments which were on hand.

I sent for a four per cent. solution of cocaine and a long slender dropper, and dropped four or five drops into the meatus, allowing the fluid to trickle down the urethra. Having thus anæsthetized the upper portion, I introduced the dropper to its full length, at least four inches, and then discharged eight or ten drops more of the warm, four per cent. solution, holding the penis erect so that the fluid should reach every part of the urethral tract. Five minutes later I took a soft rubber catheter, and, as the old gentleman imploringly stretched out his trembling hands, with an agonized look upon his face, with the entreaty to be as gentle as possible (for every introduction of the instrument had caused him intense pain, and upon this day it had been excruciating) he smiled incredulously when I told him that he would not feel it. Still, I calmed his fears; and as I slowly introduced the instrument he was not conscious of the usual pain in the upper portion of the urethra, he looked on with utter amazement and was surprised to find that the instrument entered the bladder with ease and without discomfort. He had barely been conscious of the presence of a foreign body ; he had hardly felt the instrument ; certainly experienced no inconvenience, not even discomfort. The spasm of the deep urethra had been completely overcome by the co-

caine and he was hardly willing to believe his senses though he saw the urine passing.

I then directed them to obtain a larger quantity, and instructed the nurse as to the use of the cocaine. Calling several days later I found that the catheter which had caused the greatest suffering for years, was now being passed without any discomfort whatsoever, and heard, to my amazement, that they had not used the cocaine again. This was a result wholly unexpected. One thorough application seems to have afforded complete relief.

The prostatic gland is enormously enlarged and it is now six years since he has been obliged to rely upon the catheter.

I wish to call attention to this remarkable result. I had certainly expected that he would obtain comfort from the use of the cocaine, but did not expect so permanent a relief, and this has continued for quite a long period.

In another case, that of a professional brother as well, who had been obliged to resort to the use of a catheter on account of a weakness of the bladder resulting from spinal disease, the introduction of the instrument was attended with very annoying pain.

I advocated the use of cocaine preparatory to catheterization and great relief was experienced. After the use had been continued for some days the tone of the bladder returned. Though a general improvement has taken place I have suspected it to be not impossible that the tonic effect of the cocaine upon the nervous system may have been in some way connected with this change. We know that the leaves are used by the natives of South America to invigorate the system, to sustain life and give strength in the absence of food, and it has appeared not impossible to me that this is another such a case.

The anæsthetic effect may be followed by happier results still; the restoration of tone and vigor to nerve the muscle. It is merely a supposition and I have not sufficient material for experimental purposes to continue my observations, but both of these cases were so striking that I wish to present them to your readers as you have devoted the pages of your Journal so liberally to the interests of this wonderful and still undeveloped remedy.

Let me add, however, that I have presented the results of quite a large and varied experience upon the field of gynecology in my little Journal, the *Obstetric Department of the Weekly Medical Review*. As you state that you seem to have seen but few cases in which cocaine has been tested in gynecology. I can also corroborate the statements made

in your paper as I have used it in similar cases with like effect. These experiments have now become so numerous that I have ceased to report individual cases. And, in addition to these which I have already related, I may say that I have since frequently scarified the cervix freely with a knife, fixing it with the tenaculum, without giving the slightest pain, after applying a four per cent. solution upon pledgets of cotton to the surface.

Yours Truly,

GEO. J. ENGELMAN, M.D.

511 Garrison Ave., St. Louis, March 10, 1885.

REPORT ON DISEASES OF THE NERVOUS SYSTEM.

BY W.C. PEASLEE, M.D., DENVER.

Dr. C.H. Hughes, *Alienist and Neurologist No. 1*, Jan., 1885, in his brilliant article concludes ; that Cullen's remark a century ago that the movements of the body are so intimately associated with the nervous system that they might be called nervous, has been sustained from that day to this, and notwithstanding the discoveries of spores, fungi, microbes, bacilli and their relation to morbid states of the blood and organism, it is not until the nervous system is morbidly touched that the characteristic phenomena of distinctive disease appear. The intangible virus of zymotic fever, which "touches the life of all the blood corruptibly" is first revealed in the malaise, cephalalgia, jactitation, somnolencia and delirium of the higher psychical centres of the cerebrum.

Malaria reveals itself in chills and fever ; both nervous phenomena in congestions, delirium and coma, which but for the yielding of the vaso-motor nervous system could not occur.

The phenomena of cholera is essentially nervous ; the paralyzed vaso-motor control which admits of the aqueous exudations, fatal exhaustion, paralysis of appropriating power, exhausted power of inhibition, all point to its nervous character.

As a prophylaxis against cholera we must avoid alcoholic stimulation, limit mental demoralization, maintain the general health and vaso-motor system, avoid the depressing effect of frolicking till midnight, hasty meals, late suppers and consequent nightmare.

Seek undisturbed rest which will invigorate and tranquilize the nervous system and permit of its fullest recuperation and thus avoid premature nerve degeneration.

A sound nervous system develops and fosters a vigorous optimistic patriotism, while pessimists are bred of illy-nourished and unrested

brains and nerves, and the conditions for the fulfillment of their sombre and fatal prophecies are in their nervous system.

The overstrained brain takes from the stomach what it needs for its own healthy function, robs the ganglia of the sympathetic of their due innervation and when prolonged produces a condition of neurothopia, or malnutrition of the nervous system. The evidence furnished by watering places, mountain air resorts and sea voyage cures impress us forcibly with the fact that dyspepsia is largely a disease of the brain. The neuropathic diathesis and insane temperament is becoming the fatal heritage of too many of our people; there are too many misfortune-perverted brains and brain weakened, and nerve degenerate victims strewing the pathway of our progress. Cramming of brains, give activity but not power, and all systems of education which disregard individual capacities, are vicious and without due regard to the recuperation and growth in steady brain power of our children, we fit the coming generations for the repetition of ensanguined history.

CORTICAL EPILEPSY, BY GUISEPPE SEPPELLI, M.D., (*Alienist and Neurologist*, No. 1, Jan. 1885.) Among the more important results obtained from experimental explorations of the brain is the fact that epilepsy may be produced by irritation of the cerebral cortex. Hitsig and Fritsch found the disposition to cortical epilepsy to vary in different animals, and although it was absent in reptiles and birds, it was found that electric (Faradic) excitation of the cerebral cortex of the dog, cat and monkey was followed by characteristic convulsions. Newly born cats, dogs and rabbits were inexcitable. Chloroform, ether and morphia also controlled the convulsions produced. Bromide of Potassium, alcohol, asphyxia, perfrigeration, anæmia (if not carried too far) diminishes the electric excitability of the cortex.

Essence of absinthe, atropine, cinchonidine, picrotoxine and encephalitis increase the excitability. The access of cortical epilepsy is initiated in the muscular group corresponding to the excited cortical motor centres, but becomes more general when the electric excitation is increased and prolonged. Unverricht noticed in isolated epileptic accesses of cortical origin a rise of temperature of 1° to 2° centigrade. The phenomena presented at the close of epileptiform accesses are of special interest. The animals often pass into a state of violent agitation, they run impetuously as if impelled by some irresistible force, dashing against objects and appear to be hallucinated. Others fall into a state of exhaustion, in the muscles of the limbs there succeeds to the spasmodic state, a paresis, which is shown more intensely on the side of the body

opposite to the cerebral hemisphere operated on [I had under my care in N. Y., a patient whose right lower extremity always participated violently in the convulsive phenomena and which was followed with so pronounced a paresis that the patient was confined to his room on each day following an attack, and for two or three succeeding days was obliged to use a cane.] The drugs which diminish the duration and intensity of the attack are morphia, chloral and ether. Ether given by inhalation completely arrests the convulsive state; chloral has the same action in small doses,

Having examined the condition necessary for the development of epilepsy by excitation of the cerebral cortex, and the means by which it may be modified, we have now reached the moment when we should take into consideration the pathogenesis of epilepsy, of cortical origin, and its localization. Experimental researches have brought into relief facts demonstrating the seat of epileptic convulsions to reside in the motor centres of the cerebral cortex. The various forms of convulsions being determined by the greater or less extension of the abnormal excitation of the cortical centres, the different mode of diffusion of the excitation and the different excitability of cortical points.

CHARLES K. MILLS M.D. (*Medical and Surgical Reporter*, Philadelphia, February 21, 1885,) in a lecture on insanity calls attention to a few points in symptomatology which it is necessary to understand when considering the special forms of insanity. Thus an hallucination is an unreal sensation. The individual believes he tastes, touches, smells, hears or sees something which has no physical existence. The victim supposes that he hears a voice threatening to destroy him. Another hears a celestial voice. A woman hears the voice of her persecutor, or imagines she sees him in the twilight, or tastes poison which she thinks has been placed in her food or drink. An hallucination or an illusion may or may not be a delusion. Any one may have an hallucination which he recognizes as such, and it therefore does not become a delusion.

An illusion is a perverted sensation or a perverted perception—a false interpretation of a real sensorial perception. The sound of thunder is interpreted to be the voice of God, or a part of wood may, from its color, be regarded as a pillar of gold.

A delusion is a false belief. Thus a man persistently believes he is Jesus Christ, or a woman holds she is the Queen of America. Another that his legs are made of glass, cork or lead.

A delusion may be sane or insane.

A sane delusion is a false belief, out of which the patient can be reasoned.

An insane delusion is a faulty belief, out of which the subject can not be reasoned. "A firmly fixed, baseless belief, whose inherent falsity can be demonstrated." A genuine delusion is one which the insane person firmly holds, and has been created by himself. A spurious delusion is one which is imposed on the patient, or one which he imitates or assumes.

Delusions are systematized, as when the patient explains, elaborates and defends, and which has a more or less complete organization, and which is held persistently.

A patient with systemized delusions may tell you he is worth a great deal of money, and will endeavor to explain how he has made it and if asked why he does not use it, explains elaborately about its being in a trust company.

In unsystemized delusions is one which has no organization, and which the patient does not attempt to explain, or defend, and gives no logical or illogical explanation. A parietic dement tells you he is worth \$100,000, but when asked why he does not live in better style, cannot give an explanation.

Imperative conceptions are elementary or rudimentary delusions, and exists only for the present, but usually to come again sooner or later. A man may have an impulse to-day to kill, and may not have it again for years. A morbid propensity persists usually for a long time. It is an exaggeration or perversion of a normal propensity, as an exaggeration of the sexual intensity, (Nymphomania.)

"English text books speak of insanity of manner and 'moria.'"

Incoherence is of two kinds. 1st. That in which the words used in speaking or writing are without proper relation to each other. 2nd. That in which ideas are without logical arrangement, are incompletely expressed. Delirium is that condition in which there are illusions, hallucinations, delusions, and incoherence, together with a general excess of inability, an inability to sleep, and exhilaration of the pulse.

HEMI-ANÆSTHESIA DUE TO LESION OF THE CRUS CEREBRI—EPILEPSY AND HYSTERO-EPILEPSY WITH RECURRING ATTACKS—PARALYSIS AGITANS—H.C. Wood, M.D. (*Weekly Medical Review*, St. Louis, February 21, 1885), reports a case of a colored man under treatment in the eye ward for failing sight which he attributes to an injury. A week ago, when in his usual health he was seized with numbness in the left arm and leg followed by loss of power without loss of consciousness. The recovery of motion in the extremities was rapid as he now shows no symptoms of paralysis of motion. Sensation is absent, which

makes this a case of hemi-anæsthesia of cerebral origin and as the centres of sensation and motion are so widely separated we may conclude it is not of cortical origin. We must then look to that portion of the brain where the fibres of sensation and motion are close together; as the crus cerebri, in which are imbedded the locus niger which separates the sensory and motor tracts of the peduncle. As both motion and sensation were involved it indicates that the whole peduncle was affected, but as anæsthesia seems permanent, the posterior portion which is connected with sensation was most affected. Examining the eyes I find a marked arcus senilis, and my finger on the radial arteries find them hard and rigid, (atheromatous) and syphilis is the most common cause of atheroma.

EPILEPSY. This patient is 25 years of age, has had "fits" for one year, never had them before. True epilepsy rarely develops after twenty years of age and when developing after thirty years of age is not true idiopathic epilepsy. In this case there is no loss of memory, no headache, no indications of organic brain disease. This man has a mental sensation, "great scare," which may take the place of the aura and which are followed by attacks of running from a quarter to half a mile, and in which attacks the patient is unconscious. Sometimes at the end of the running he falls in a typical fit of epilepsy. These cases are well recognized but are rare. The present theory of epilepsy is, that certain centres in the upper brain accumulate nerve force in the manner that a Leyden jar accumulates electricity and are called discharging centres. At irregular periods these centres get full and must relieve themselves by nervous discharges which do not paralyze the mesencephalon in which the automatic centres reside, but excites lower nerve centres, producing movements which are co-ordinated instead of unco-ordinated movements, as in ordinary epilepsy.

HYSTERO-EPILEPSY WITH RUNNING ATTACKS—This girl exhibits some features like the one just before you. She began to menstruate at fourteen years of age (one year ago) at which time she began to have somnambulistic attacks which were characterized later by attacks of running. The characteristic symptom of epilepsy, loss of consciousness is, in this case, but partial which is almost characteristic of hysteria, she has the eye with a large pupil, the laughing and crying spells, but does not have the globus hystericus.

PARALYSIS AGITANS—These two cases of Parkinson's disease are associated with constant tremors, which differ from multiple cerebral spinal sclerosis by the fact that in the latter the tremors are only

induced by voluntary movements. In both of these cases the tremor began in the left arm, which illustrates the fact that it usually begins in one of the upper extremities, the head is rarely effected. In advanced cases the patient leans forward in walking, and to maintain his balance steps quickly, finally he breaks into a run and is unable to stop unless he can catch hold of something. The bending of the fingers and drawing in of the thumbs is almost characteristic. A curious physiological fact about these cases is that although the enfeebled muscles are in constant action yet patients do not complain of fatigue. An involuntary muscle apparently never tires. There is no treatment for this affection.

OBITUARY.

WILLIAM BRAITHWAITE, M.D.

Mail advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. *The Yorkshire Post* of February 2nd. contains the following :

He was the oldest medical practitioner in Leed, and in his large and varied practice he was esteemed on all hands, both on account of his great knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807 and was therefore in his seventy-eighth year. His health for some time past has been such as to cause serious apprehensions on the part of his family and friends, and his death on Saturday was not altogether unexpected. He was brought up by the Rev. Richard Hale, at Harewood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterwards to his equally eminent son, Mr. Thomas Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital. The deceased gentleman began practice in Leeds on his own account in 1835, and filled the post of honorary surgeon to the Eye and Ear Infirmary and lectured at the Leeds Medical School on the diseases of women. Though occupied in the management of a large practice, he found time to add materially to the literature of his profession. In 1845 he began a medical work which has become widely known. Its title is *The Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. It is republished in America, where it is widely known and as highly valued as here. During the last few years his son has been co-editor with him of this journal.

He married a daughter of Mr. James Beardoe, of Ardwick Green, near Manchester, whom he survived. He also leaves three sons.

In May, 1881, Dr. Braithwaite wrote to his American publisher the following ;

I little expected about forty years ago that I should live to see my eighty-second volume and that it still maintains its popularity. I am now seventy-four years of age, but feel uncommonly well, thanks to being a total abstainer from alcohol for nearly thirty years.

A letter just received by Mr. Townsend, dated February 3, from Dr. James Braithwaite, says :

I grieve to have to inform you of my father's death, which occurred on January 31st. He died without any suffering and from failure of the heart, which had been noticeable for twelve months previously. I shall carry on *The Retrospect* with the assistance of Dr. A.G. Barre, assistant physician to the Leeds General Infirmary. I have done all the heavy work of the book for twenty-five years, that is, all the writing.

It will be seen the *Retrospect* will be published as before under his editorial charge, assisted by able colleagues. Dr. James Braithwaite's name has appeared on its title page connectedly with his distinguished father's for a quarter of a century.—*N. Y. Tribune, February 19, 1885.*

BOOKS AND PAMPHLETS.

The Diagnosis and Treatment of Chronic Nasal Catarrh.—Three clinical lectures delivered at the College of Physicians and Surgeons, New York, by George Morewood Lefferts, A. M., M. D., Prof. of Laryngoscopy and diseases of the throat, in the College of Physicians and Surgeons, New York, etc. *Reprint, Medical News, Phila., Pa., St. Louis, Mo., Lambert & Co., 1884.*—The illustrations in this little book are fine. The author uses "Listerine" very extensively in his practice.

The Management of the Abscesses of Hip Diseases.—By A. B. Judson, M. D., Orthopædic Surgeon to the Out-door Patient Department of the New York Hospital—*Rept., New York Med. Journal, Jan. 31, 1885.* Our old friend is again to the front with something good.

Transactions of the American Dermatological Association.—Eighth annual meeting, held at Highland Falls, New York, on the 27th, 28th and 29th of Aug. 1884.

Extensive Burn, involving the cavity of the Knee Joint.—By W. H. Daly, M. D., Pittsburgh, Pa.

Western Reserve University Medical Department, Cleveland., O.—Announcement, 1885-6.

Monographia-Syphilitica.—A journal devoted to the treatment of diseases of the blood, G. W. McDade, M. D., editor.

Address in Medicine delivered before the Medical Society of the State of Pennsylvania—By W. H. Daly, M. D.

Babyhood—A journal devoted to the care of infants and young children, and the general interests of the nursery—Edited by our friend Leroy M. Yale, M. D., Marion Holland associate.

Report of Committee on School Hygiene in Tennessee—Daniel F. Wright, M. D., of Clarksville, Tenn., Rept., Jan. 1, 1885, 49 page.

We invite special attention to Prof. Roberts Bartholow's article on the medical properties of *Hydrastis Canadensis* in the March number, 1885, of the "*Drugs and Medicines of North America.*"

The Physician Himself.—The third edition of this excellent work, A Sure Guide to Success, has been exhausted and the fourth is just out.

A Practical Treatise on Palatable Prescribing.—By R.W. Palmer A.M.M.D., author of Favorite Prescriptions of Distinguished Practitioners, member of the New York County Medical Society, etc. Published by George S. Davis, Detroit, 1884. Dr. Palmer's little book is here mentioned by me for the reason that I think it is destined to become popular, not only with students but also with practitioners who have time only to study the concentrates of medical therapeutics. To the above mentioned, I can recommend Dr. Palmer's work as one of the best, and most complete compilation of medical formulæ yet published. So then it will prove as the author wishes, a *multum in parvo*.

To the more painstaking and original searchers in the field of physiological investigation, I think that this book—in common with a host of others of like nature—would be of little use, and a hindrance to the proper grasping of the centric truths of enlightened therapeutics. The work is handily arranged, beautifully printed and the formulæ well selected, but misnamed. There being no instruction found in it as to the modes by which prescriptions can be made palatable.

By way of condemnation it is right and proper here to say, that in a work of this kind, the names of drugs, Fld Ext. and pills, etc., only should be stated, and not the names of their manufacturers.

Dehison's Seasonal Climatic Map of the United States—Graphically illustrating combined humidity statistics with isotherms, wind statistics and seasonal tables, compiled from data of the Signal Service Bureau—

By Chas. Denison, A. M., M. D., Prof. of Diseases of the Chest and Climatology, Medical Department University of Denver; author of "The Rocky Mountain Health Resorts"; Member of the International Medical Congress, American Medical Association and American Climatological Association and author of reports to the same on Climate, Altitudes, Consumption and kindred subjects.—This map consists of a series of four charts, with accompanying tables and explanatory text; there being one chart for each of the four seasons of the year, recording graphically for each season the mean temperature by means of isothermal lines; the directions of the *prevailing* winds; of the *rain-bearing* winds, directions which are *most likely* to be followed by rain or snow, and of the *fair weather* winds, to directions *least likely* to be favored by rain or snow, each being indicated by a distinctive arrow at each signal station. The representation of the degrees of moisture has been accomplished by employing colors, making this the most prominent and striking feature of these maps. Moist climates are indicated by blue shades, increasing in depth in proportion to the amount of moisture; and dry climates by red shades. The extremes are, in this manner, made to instantly catch the eye of the observer, and the intermediate conditions are readily recognized. The Doctor has taken for his unit of moisture a combination of the various data which bear upon this condition, no one of which alone has been found to correctly represent in its variations the actual practical moisture of a climate. Whether we have here a solution of this rather perplexing question would require much careful study to state, but it is certainly a much more comprehensive and practical unit than either that of per cent of saturation, relative humidity, or grains of vapor in the cubic foot absolute humidity; either of which taken alone will under certain very frequently accompanying conditions convey an erroneous idea of climatic moisture in its practical relation.

The mean of the combined humidity statistics for the whole United States is found to be as follows: 67 per cent for *relative humidity*, 6, of saturation for *absolute humidity* expressed in tenths of a grain of vapor to the cubic foot of air, and 44½ per cent. for cloudiness. The extent of the variations from this means are shown in different shades of two colors—red and blue.

A comparison with the similar graphic maps showing the amount of *absolute* humidity, which were prepared for the Colorado State Medical Society, by the signal service, likewise for the year 1883, is quite convincing, to one who has made climate a study, of the greater accuracy

of judging moisture by combining the various humidity statistics.

Although the work has been principally a matter of compilation, yet the labor has evidently been well performed and shows plainly the data which it is intended to illustrate.

OUR ADVERTISERS.

Dr. McIntosh's Natural Uterine Supporter, page 2.

Listerine and Lithiated Hydrangea, Lambert & Co., page 3.

Geo. W. Laird & Co.—Oleochoyle—page 4.

New York Medical Journal, page 4.

McIntosh Galvanic and Faradic Battery Co.'s advertisement on page 5, read it.

Celerina, Alerter's Cordial, Acid Mannate and Kennedy's Pinus Canadensis—Rio Chemical Co., St. Louis, page 6.

Fellow's Hypo-Phos-Phites page 7.

Beef Peptonoids, Reed & Carnrick, N.Y. page 8.

Maltine—Reed & Carnrick, page 9

Cocaine, Park, Davis & Co., page 10.

Green Drug Fluid Extracts by William S. Merrell Chemical Co—Cincinnati, page 11.

Loctopeptine—The New York Pharmacal Association, page 12.

Papine—Battle & Co., chemists, St. Louis, page 13.

Jones, Rogers & Co., wholesale druggist, Denver, Colo., page 14.

Peptonized Cod Liver Oil and Milk—Reed & Carnrick, New York, page 15.

Mineral Earth, National Pharmacy Association, Baltimore, Md., page 16.

Private Hospital for Women under the control of Dr. Thomas H. Hawkins, Denver, Colo., page 16.

Geo. P. Rowell & Co., Newspaper adv. Bureau, 10 Spruce St. N. Y., page 16.

Lorillard's Climax Plug Tobacco, page 16.

Merchant's Publishing Co., page 14 and 16.

McArthur Syr Hypophos Comp. C. P., page 17.

Horlick's Food—Horlick's Food Co., Racine, Wis., page 17.

H. C. Hall, Attorney at advertising—202 Broadway, Room 18, N. Y.—180 Elm St., Cincinnati, O., page 17.

Chapman, Green & Co., chemist, Chicago—fine preparations, page 18.

Tongaline—Saddle Bags and Buggy Cases, Melliers, page 19.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES
OF MEDICAL OFFICERS OF THE UNITED STATES
MARINE-HOSPITAL SERVICE, FOR THE WEEK
ENDED FEBRUARY, 14, 1885.

GUITERAS, John, Passed Asst. Surgeon. When relieved at Key West, Fla., to proceed to Charlestown, S.C., and assume charge Feb. 11, 1885.

KALLOCH, P.C., Asst. Surgeon. To report to Passed Asst. Surgeon Peckham at Wilmington, N.C., for examination for promotion Feb. 10, 1885.

GLENNAN, A.H., Asst. Surgeon. Relieved from duty at New Orleans, La., to proceed to Key West, Fla., and assume charge Feb. 11, 1885.

FOR THE WEEK ENDED FEB. 21, 1885.

BATTLE, K.P., Asst. Surgeon. To proceed to Pittsburgh, Pa., for temporary duty, Feb. 19, 1885.

RESIGNATION.

HEATH, W.H., Passed Asst. Surgeon. Resignation accepted, as tendered by the Secretary of the Treasury, Feb. 14, 1885.

PROMOTION.

KALLOCH, P.C., Asst. Surgeon. Promoted and appointed Passed Asst. Surgeon, by the Secretary of the Treasury, from March 1, 1885 to Feb. 19, 1885.

W.H. Thomas, M.D., of Steele's Tavern, Va. says, On trial, I found Acid Mannate an elegant, painless cathartic. It acts admirably as a laxative in pregnant women,

Dr. Cust. H. Lovelace, of Cashon, Tenn. says :

I have used Papine in my practice for some time and am thoroughly satisfied, it is the most desirable preparation of opium I have ever used, and more reliable than any other form of opium. I believe it will speedily displace every other member of the opiate family.

Thirty thousand physicians use Hydrolin. Well it is one of the best Cod Liver Oil emulsions manufactured.

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

Edited by THOMAS H. HAWKINS, M.D.

MAY. 1885.


RUPTURE OF THE LIVER.

*BY J.B. CORY M.D.

At one o'clock p.m., of Nov. 1st., 1884, I was called to see E. L., the mistress of a well known sporting man of this city. Arriving at the house I found her in bed, complaining of severe pain in the epigastrium and right hypochondrium.

There was exquisite tenderness over the region of the stomach and liver, and tension of the abdominal muscles. She had been vomiting a good deal and complained of great thirst and nausea. Her temperature was 103°, pulse 120 and feeble. There were a number of marks of violence on her face and body; both eyes were blackened the ecchymosis having taken on the greenish yellow tinge; there were marks upon the neck, of a darkish red color, as if the throat had been forcibly grasped by both hands. There was a small contusion over the left clavicle, which had broken the cuticle, and blood had flowed from it, some of which was still to be seen in the wound, and on her nightdress. There was a large

*Vice President of the Arapahoe County Medical Society.



spot of ecchy mosis under, and to the inner side of the right breast, extending from a line drawn from the right nipple to the outer edge of the sternum, crossing the fourth rib about midway between the nipple and sternum, downward and outward to the seventh rib in the axillary line, two and one-half inches in width and four and one-half inches in length; the inner edge being just at the junction of the sternum with the fifth rib, and the outer edge three-fourths of an inch to the inside and below the right nipple. This bruise was bluish purple in color. I did not observe any yellowish or green tinge; if there was any it was very slight. There was also a bruised spot over the center of the sternum, of a somewhat crescentic shape an inch and a half in diameter; color same as that under right breast but paler. There was another spot on the abdomen, just above the umbilicus, not so well defined as the others, presenting the appearance of bluish red spots, interspersed with healthy looking skin.

In answer to my inquiries, as to the cause of these injuries, I was informed that her paramour had beaten and kicked her, and forcibly put her through a window the preceding night causing the injuries about the neck and body; the bruises on the face having been received four days previously from the same source.

Diagnosis, some serious internal injury, probably of the liver, spleen or stomach with incipient local peritonitis.

Treatment, one-eighth grain of morphia every half hour till pain was relieved, and hot fomentations to the abdomen.

Three p.m. Patient had been removed to another room and her clothes changed contrary to orders. She expressed herself as feeling more comfortable, less pain and tenderness; the temperature had fallen to 102° but the pulse had increased in frequency and was more feeble. Ordered perfect quietude, ten drops tr. digitalis every two hours with whiskey. Prognosis grave.

Six p. m. Almost in a state of collapse. Coldness of the extremities, pallor of face, pulse small, frequent, and feeble; 140 to 150, anxious and restless.

I asked for a consultation and my friend Dr. Wilson was called.

We concluded that there had been rupture of some internal organ or blood vessel and that internal hemorrhage was taking place, prognosis unfavorable. Ordered perfect rest, with arterial stimulants, whiskey, ammonia, and æther by the mouth, and also hypodermically, as there was a strong disposition to throw up everything swallowed, and warmth to the surface and extremities.

One or the other of us remained with her from that time till she died, about eleven o'clock the next day, Nov. 2nd.

The symptoms of collapse gradually became intensified. At midnight the pulse was scarcely perceptible at the wrist, coldness of the surface and numbness of the extremities increased. She was very restless and complained of want of sleep. Her mind was clear and she was perfectly rational till the last. The respiration became hurried and somewhat sighing as death approached.

Autopsy ten hours after death. Rigor mortis well marked. The bruises above described were noticed, also one other small one, over the outer end of the eleventh rib, of triangular shape, and about one half inch in length and breadth. The cuticle over this bruise was indented, reddish brown in color, and dry.

The abdomen was somewhat distended and dull on percussion, especially at the lower part.

The thoracic cavity was opened first, as directed by Tidy, of the London Hospital. in his work on Legal Medicine.*

The right lung was collapsed, the left lung adherent to the thoracic wall for about three-fourths of its extent, but was separated without difficulty. Both lungs were in a healthy condition, with the exception of moderate congestion, which was thought to be post mortem. The heart was normal; the liver with the diaphragm covering it seemed to be pushed up into the thoracic cavity more than usual.

On making an opening into the abdominal cavity there was an immediate flow of dark fluid blood. This was removed with sponges and estimated to be as much as two quarts. It was mostly found in the pelvic and lower part of the abdominal cavities.

The intestines were next examined and removed; they were in a healthy condition. The spleen was adherent, but otherwise healthy. The kidneys and pancreas were normal; the anterior and posterior surfaces of the stomach were discolored, by a spot of ecchymosis near the pyloric end, about two and one-half by three inches in extent.

The liver was adherent to the thoracic wall and diaphragm. It was separated by pushing the points of the fingers between the liver and the wall, with a to and fro movement, requiring but a moderate amount of force, and on being removed after cutting the ligaments that hold it in place, was found to be ruptured in two places; one on the superior surface of the right lobe near the outer end of the posterior border about one and one-half inches in length and two inches deep; the other about the middle of the superior surface of the same lobe, extending from be-

*Legal Medicine by Charles Meymott Tidy M. B., F. C. S., Vol. 1, page 262.

fore backward about two inches long and going clear through the liver into the fissure for the gall bladder. There was observed no evidence of disease of this organ, other than the adhesion. On putting it back into its natural position in the abdomen and making careful observation it was found that the first mentioned laceration corresponded in position with the contusion over the end of the eleventh rib and the other with that under the right breast,

It being demonstrated to the satisfaction of the coroner, and the physicians present, that death was caused by laceration of the liver and hemorrhage into the abdominal cavity, any further examination was considered to be unnecessary. The liver and stomach were left in the care of the coroner; the cuts in the abdomen and thorax sutured, and the body left in as good a condition as possible to be returned to her friends.

Probably the most interesting part of this case was its medico-legal aspect as brought out at the trial, which was instituted against the gentleman for the murder of his mistress, in which seven different physicians were placed upon the stand and passed through the ordeal of an examination by the wily attorneys, for the prosecution and defense. I do not deem it expedient, however, to enter into a discussion of it in this paper. Suffice it to say that the theory adopted by the defense and which they used the most untiring and unscrupulous efforts to prove, was, that she died of alcoholism, and that the rupture of the liver was caused by the bungling manner in which the autopsy was made.

All the evidence that they could produce that death might have been the result of alcoholism, was that she was a woman of intemperate habits, and that she had been known to be intoxicated on a number of different occasions, and that a microscopical examination of the liver, made several weeks after death, when it was in a putrid condition, indicated a somewhat advanced stage of fatty degeneration.

The supposition that the rupture of the liver was produced at the autopsy, failed utterly to account for the presence of two quarts of blood in the abdominal cavity, as well as the symptoms of hemorrhage before death.

The jury found the defendant guilty of manslaughter.

In looking up the literature of this subject I find a case reported in the American Journal of the Medical Sciences for April 1862, from the proceedings of the Pathological Society of Philadelphia Sept. 25, 1861, presented by Dr Livezey, which resembles this in so many particulars that I desire to make a brief abstract of it.

Martin Weller, a German, aged 30 years, while driving a heavily

loaded beer wagon, was thrown from the seat and run over, the wheels passing over the abdomen.

The accident happened about eight a. m. on Wednesday, Sept. 18, and he was admitted into the Pennsylvania Hospital about two hours and a half afterwards. His pulse was small, feeble, and frequent, skin cold and clammy, his intelligence perfectly clear, pupils somewhat contracted. He pointed to the right hypogastrium as the region of greatest pain.

Whiskey and laudanum were administered and he reacted shortly after his admission. The next day he was feebler; the clamminess of the skin had increased as well as the pain in the abdomen, during the night his mind wandered, but during the day it was perfectly clear. He was evidently sinking from internal hemorrhage and it was surmised that he had a rupture of the liver. He died the next morning (the 20th), at ten o'clock; fifty hours after having received the injury.

Autopsy ten hours after death; not much rigor mortis; abdomen large and dull; on puncturing it about three quarts of bloody fluid escaped; the peritoneum was found red and roughened by recent exudation; near the suspensory ligament on the right side there was found a very extensive laceration, extending from in front of the ligament backwards, and over to the left, under the ligament, to the posterior surface. This laceration was zigzag in shape about three inches long, and penetrated deeply into the substance of the liver.

We draw the following conclusions, viz: The first symptoms accompanying an injury of the abdomen, sufficient to produce laceration of the liver, are those of shock. Faintness, perhaps insensibility, a frequent, feeble pulse, pallor of the face and coldness of the surface. If the patient does not die in this condition, and hemorrhage is not great, reaction may take place, followed by symptoms of inflammation, pain, tenderness, and increase of temperature, the pulse remaining quick and feeble. Fever, the result of inflammation, following an injury is *not* incompatible with moderate hemorrhage, the result of the same injury, until the amount of hemorrhage is sufficient to overcome the inflammatory action.

The further history of the case will depend upon the amount and rapidity of hemorrhage. If the laceration is not extensive, and the hemorrhage slight, recovery may ensue.

If more extensive, and hemorrhage great, death may occur in a few hours. In the majority of cases that have been reported, where the patient has survived the shock, and death has occurred from hemorrhage, he has lived one or two days.

Local peritonitis is usually developed within twenty-four hours, and may be the cause of death ; as happened in a case of my own several years ago.

A middle aged man in a state of intoxication, fell from a wagon, the wheels passing over him. He was taken up and carried in the wagon to the nearest town, a distance of one and a half miles. He walked into the house with a little assistance, and lived six days with symptoms of peritonitis. I believe that if he had had a competent nurse, and the treatment that would be given him at the present day, he would have recovered, but lacking these he did not, and the autopsy revealed extensive general peritonitis, and a number of superficial lacerations on the superior surface of the liver of a stellate form, and in a state of cicatrization.

In cases where death occurs from hemorrhage, the extravasated blood will be found in the pelvic, or lower part of the abdominal cavity.

Peritonitis from this cause is not constant, several cases having been reported in which there were no signs of this disease notwithstanding extravasation had continued for twenty-four to thirty-six hours.

The question as to how long a person can live after having received a wound of the portal or hepatic veins has not been determined by observation so far as I can discover. I have found however, two cases reported of wounds of the vena cava, a much larger vein, where death was delayed for several hours. One of these cases was found in Ashurst's *Encyclopædia of Surgery*, the patient living forty hours after receiving a wound of this vessel, one-eighth of an inch in extent. The other was reported to this society, by Dr. Thomas Hawkins, several months ago, and was published in *THE DENVER MEDICAL TIMES*, in which the patient walked about for three hours and lived twenty-four hours. As a rule we should expect a wound of either of these vessels to prove fatal within a few minutes ; but all rules have their exceptions and it is not safe for us to be too positive in our assertions respecting matters of this kind.

A NEW NEEDLE FOR CARRYING SILVER WIRE.

S. COLE, M.D., DENVER, COLO.

It is evident to all operators, that considerable difficulty is experienced in carrying heavy silver wire through the tissues, and that a more practical method than at present in vogue would be acceptable to those surgeons whose operations necessitate the frequent use of the coarser grades of silver wire. Hitherto recourse has generally been had to the bent wire over a loop of silk. Though the latter can be so arranged

that it will present no knot or inequality yet the ends are generally tied and the knot thus formed when drawn through the tissues tears and lacerates them, and the obstruction at the bend of the wire, especially when adequate care has not been employed in making it as sharp as possible, still further weakens the tissues and enlarges the canal, through which the suture passes, to a greater extent than necessary or desirable.

In order to eliminate these imperfections various contrivances have been, from time to time, adopted, but none are fully adapted to the purposes for which they are intended.

They may be classified into 1st: Those wherein the eye of the needle is situated near the perforating point; and, 2nd: The canulated needle.

In addition, the device of screw and thread to needle and wire, and the welding of wire to needle as practiced by Dr. E. Cutter in his vesico-vaginal fistula operations, have at times been resorted to.

The defect of contrivances, which come under the former of the two classifications above alluded to, consists in the difficulty of threading the needle and bending the wire after the needle has passed through the tissues and, further, as the suture follows the withdrawal of the needle, the suture canal is distended to allow the passage of two thicknesses of wire in addition to the instrument.

The canulated needles are expensive and liable to bend and very large in calibre proportionately to the wire they carry. It is hardly necessary to remark that it is desirable to avoid making the suture canal much larger than requisite for allowing the passage of the wire, and that the needle which makes the smallest opening for a given wire is, other points being equal, the best needle. The screw attachment necessarily requires a relatively large instrument and a wire weakened at the end wherein the screw-thread is cut. At this point the wire is apt to break, leaving the broken end firmly screwed into the needle. Dr. Cutter's method of welding the wire to the needle overcomes the objections inherent to the other contrivances and is faulty only in that it is inconvenient as the surgeon must either call a mechanic to his aid or must himself be possessed of mechanical skill and provide himself with requisite apparatus.

A short time ago, and long after I had perfected the needle to which I direct your attention this evening, I was informed that a double eyed and double grooved needle somewhat similar to mine had been manufactured by Kern of Philadelphia. I find that the principle upon which the wire is fastened to this needle present some analogy to the needle I

first contrived, but that the instrument is very different from the one I present this evening, and fails to accomplish one of the most desirable purposes of a good wire needle: the production of a small suture canal.

The needle is readily threaded and there is no roughness or inequality in the threaded needle but the calibre of the needle is relatively too great for the wire it is intended to carry. The depth of the grooves and the situation of the eyes weaken the instrument to an extent sufficient to make it unreliable.

The needle I present to you now is one which is free from the defects I have mentioned as pertaining to the others.

You observe that the calibre of the needle is small in proportion to the wire it carries, that the instrument is strong and that there is practically no obstruction at the point where the wire emerges from the instrument and, finally that the wire is firmly retained.

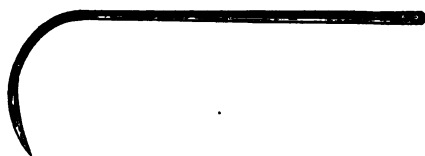


PLATE I

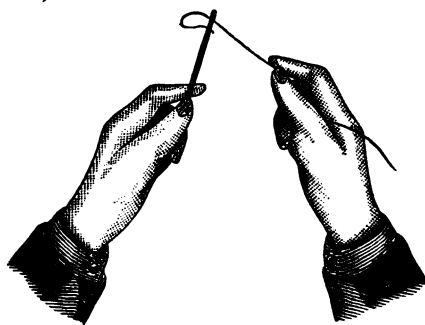


PLATE II.

Brittian and Barber, Denver, Colo.

The design or peculiarity is in the formation of the eye and it can be adapted to any needle of any size or shape. As will be perceived by contemplating the Plates, the wire is retained in position by the resistance to its withdrawal offered by the three right angles into which it must be bent, and also by the slight heading at its end. A very attractive modification of this needle can be made by placing the lower eye at the extremity of the instrument and having a canal instead of a groove

lead to the upper eye. It, however, will not carry so large a wire nor has it the strength of the original.

The manner of threading the needle is as follows: The wire is first passed through the lower eye. It is then seized with a pair of fine pliers and the end bent to a small hook so that it will readily enter the second or upper eye (See Plate II). Using the same pliers the wire is pressed into position beginning the pressure at the second or upper eye and progressing toward the lower one and straightening the wire into the canal at the extremity of the needle.

It will at first be somewhat difficult to thread these needles but a very little practice will make the manipulation an easy one.

As I believe that this contrivance meets all the indications of a wire needle without any of the drawbacks of those hitherto employed, I trust the society will extend its pardon for having its valuable time encroached upon in the consideration of so insignificant a subject as the eye of a needle.

A REVIEW OF HYSTERO-EPILEPSY AND HYSTERIA.

BY G. W. LOWRY, M. D., HASTINGS, MICH.*

Diseases and their treatment have been so thoroughly investigated and studied by able minds, that when our attention is called to some new literature on a given medical subject, as a rule, we expect little if any more of value than has already been written. Therefore, the case at present under my observation has prompted me, by way of study, to give this paper the title of "A Review," as above stated. The case is of interest to the physician, theoretically and practically; diagnosis is not always easy, the prognosis is uncertain, the pathology mysterious and almost unsearchable, the treatment unsatisfactory in many cases, and the peculiar symptoms or phenomena are the most that can be known. Hence, when we get a combination of symptoms such as shall be given further on, we name them hystero-epilepsy, or hysteria.

The former is a term applied to a form of hysteria of unusual gravity, the convulsions in their violence recalling those of epilepsy, and characterized by the occurrence of remarkable forms of anæsthesia, paralysis, and contraction of muscles. There is usually, in the first place, a well marked tetaniform spasm, though this is sometimes not very decided, and occasionally is not marked at all; then follow clonic convulsions,

*Read before the Barry and Eaton County Medical Society, at Charlotte, Mich., Jan. 29, 1885.

during which the patient froths at the mouth, and may pass the urine or bite the tongue, though these phenomena, especially the latter, are rare; loss of consciousness exists during this stage. Relaxation of the muscles, and a more or less comatose condition, succeed, to be followed shortly however, by contortions and gesticulations of a violent character, coarsely suggestive of the various passions, wrath, fear, disgust, lust, etc., or there may be meaningless writhings, presenting a hideous aspect. To this phase sometimes succeed hallucinations of vision or of hearing—rats, serpents, and other objects of horror are seen; then follows attacks of sobs and hysterical laughter. There may remain a temporary inability to empty the bladder or swallow food. One or more muscles of the body or limbs may remain indefinitely in a state of rigid contraction or relaxation, and remain so during sleep, only relaxing under the profound influence of an anæsthetic. Intestinal gas may be imprisoned between two points of spasmodic contraction of the intestine, giving origin to a tumor capable of being moved about in the abdominal cavity; this may be mistaken for a tumor of the spleen, kidney or other organ. A similar case of tumor was recently related to me, where the patient was put on the table for operation, the tumor disappearing entirely as soon as the patient was anæsthetized. Dr. Hartshorn also speaks of a patient who had been laid out by a surgeon for exploratory gastrotomy, under the supposition that she had an ovarian tumor, and when she was etherized the tumor altogether disappeared. Anæsthesia and analgesia are apt sometimes to be found on both sides, but much more frequently in one-half of the patient's body, parted off from the other by the median line, and thus involving apparently half the head, face and trunk, as well as the lower and upper extremities, though it may be in different degrees of intensity. Accompanying the analgesia, it is often seen that the pin-prick employed to test the condition fails to draw blood on the affected side, whilst readily doing so on the opposite side. Where there is loss of power of the limbs, with contracture and anæsthesia following a convulsive attack, it is not difficult for the condition to be ascribed to an attack of hemiplegia resulting from organic disease, and there is sometimes a doubt in this matter which is not easily resolved.

One point of value in making a differential diagnosis, is the absence, from the first, of any deviation of the tongue, or facial paralysis, which are always present, to a greater or less extent, in hemiplegia of organic origin. Such complete anæsthesia as occurs in these cases is rarely observed in hemiplegia. The hysterical patient may present, for example, retention of urine, ovarian tenderness and tympanites, and more or less

disturbance of the digestive organs. In the history of the case may be an account of aphonia, convulsive seizures, hysterical cough, etc. Some diagnose a case of hysteria by a certain combination of symptoms, and add to these epileptiform convulsions, and call it a case of hysterio-epilepsy.

Still we are in the dark as to the cause, and as to what the disease really is, and its location. One writer says it is "a morbid excitability of the whole nervous system." Another says he "believes it always to depend on disorders of the blood." Others say, "it depends on uterine disorders" (of course in the female, but when a male is attacked it must depend at least on other organ or organs than a uterus). Emmet says, "it is intimately associated, as a rule, with menstrual disorder; further, that these nervous manifestations are generally found in the unmarried and sterile, and at puberty, before the system has become impressed with the menstrual habit; they also occur with the state of amenorrhœa or suppression, scanty and painful menstruation, and at the change of life or menopause. These conditions are associated, more or less, with a general impaired nutrition and defective ovarian influence."

Another writer says, "it is a physical affection: involving mental causes, *e. g.*, congenital tendency, heredity, faulty education, defective discipline and imitation, and dependant also on physical disorders."

Another author believes "the predisposing causes to be imperfect development of the higher nerve centers of congenital origin. The disorder is only exceptionally found in women suffering from diseases of genital organs, and further makes exceptions of prostitutes, who are prone to the disorder, and like true epilepsy, migraine, and some forms of insanity, the disorder is apt to be intensified at the catamenial period."

Lastly, we have suggested as some determinative causes, painful impressions, long fasting, strong emotions, imitation, and shock to the nervous system, physiological or moral. Emmett after saying, "as a rule, the disease is closely or intimately associated with some menstrual disorder," then goes on to say, "ovarian irritation or defective action of the ovaries, and the different nervous manifestations all spring from defective action in the nerve centers," the result of faulty nutrition. How are we to understand him as to what is the cause or pathology, in his opinion, of the disease in question? We might read him in this way: that faulty nutrition is the cause of defective action in the nerve centres, and defective action in the nerve centres, in turn, causes ovarian irritation, and ovarian irritation, if not the cause of, is intimately associated with the disease hysteria.

From the history of cases, and the weight of authority, it is not at all probable that disease of the genital organs plays the part of being the cause of hysteria, half so frequently as many other circumstances and conditions of the general system.

Cases that have come under my own observation; were persons whose health was impaired more or less in some way, and were of emotional and nervous temperament, and of delicate organization, unhappy and discontented dispositions. In the words of Hammond, "hysteria is the result of the delicacy of organization, and the greater development of the emotional system, acted upon by exciting causes." Want of occupation, hereditary influences, etc., are also predisposing causes of hysteria. Exciting causes are sudden emotional disturbance; anxiety, grief, disappointment, a fit of ill-temper, as I have observed repeatedly in one case. mental or physical fatigue, also menstrual derangement, uterine or ovarian disorders, may rank as exciting causes, as may many other factors that I have not mentioned and are not noted by authors.

Like some forms of uterine diseases, hysteria may become contagious. Hammond says he has seen a whole hospital ward of women thrown into paroxysms of hysteria, by one patient suffering from an attack.

Morbid anatomy contributes nothing toward locating this disease. That there is a predominance of the emotions over the intellect and especially over the will, there is little doubt. Thus, I was called to see a lady of very delicate health, having one hepatized lung of several year's standing, also having acquired the morphine habit, greatly emaciated, etc. Soon after the death of her husband, perhaps she spent an hour in wailing and in bitter cries of grief, at once fell into an unconscious, comatose condition from which she could not be aroused for half an hour, more or less, then she aroused with a deep sigh and burst into a fit of laughter and began to shake hands with those around her, and for ten or fifteen minutes she would have alternating fits of laughter and sobbing, which were only arrested by awaking her to her condition by taking her to where she could be convinced that her husband was dead, by looking at his dead body.

CASE 2.—Mrs. S., æt. about 33, living with her second husband, who, by speculating, was rapidly running through with or losing a considerable amount of property, which was all their main dependence for a livelihood. She was frail built, emotional, very excitable woman. After considerable endurance of being dragged from one farm to another by her husband's bad speculative projects, and as she saw that their property was thus being squandered, the husband at last traded their

farm for a hotel in a villiage, under the wife's most bitter protest; and more, her pride was greatly humiliated by thus becoming the wife of a saloon or bar-tender, which she utterly abhorred. Soon things were in operation, and they were keeping hotel, selling intoxicating drinks, giving public balls, etc. Soon I was called, and found the woman in a violent convulsion; opisthotonos was very marked, resting only on the head and heels, with the body extremely arched. This was followed, after a few minutes, by a clonic spasm, which I succeeded in interrupting by firm pressure over the ovaries. The spasm ceasing, was followed by fits of laughter and sobbing, alternately, not having been restored to her former self. In a few weeks more another ball was prepared for; the company gathered, the dance was going on, the bar-room was noisy with drunken men, the wife trying to oversee the preparing of the supper, when at once she was thrown into tetaniform spasms as before. Douching with cold water and pressure over the ovaries partially arrested the convulsions; but she deliriously begged her husband to take her from the hotel, and said, among many other things that he did not succeed in restraining her from, that he would have the sin to answer for, that he compelled her to come there against her will, etc. Soon they moved into a private house in the villiage, and for a year or more thereafter, while under my observation, no more fits of hysteria were manifested. The mother of this woman was subject to similar hysterical attacks, and always had the appearance of being very nervous and emotional.

CASE 3, now under my care, I have not had an opportunity to see during the hysterical fits, consequently the history of the case I have gathered from the patient and relatives.

Mrs. A., æt. 22, married at 17, is a lady of slender build, pale and anæmic, wears a troubled and careworn look. She was always considered a delicate child, and before the age of puberty, contracted chicken-pox, mumps, measles and scarlet fever. She was first attacked with hystero-epilepsy at the age of 14, commencing with a distinct aura. After having been sweeping late in forenoon, while dusting a sewing machine, a sharp, sudden pain started in the little finger of her left hand. She thought she must have hurt her finger on or about the machine. The pain crept steadily up the arm toward the head. Not remembering anything after it reached high as the shoulders, she stood motionless for an instant, calling, as she thought, for water, and gazing with a wild stare at the wall in front of her, then fell to the floor, or rather sank, as she never injured herself by falling. Before falling she becomes perfectly bewildered, and only sees one-half of any object before her eyes.

lay now in a tetanic convulsion for a time, then the muscles would relax and for half an hour or so more would remain in a coma, face pale, lips and finger-nails livid. Then clonic spasm of left side would follow for a short time, after which she would become conscious, but would have no feeling in the left half of her body including lower and upper extremities, half of trunk and face. She now could see only one half of any person or object before her eyes, could not raise the left eyelid, could move her left arm and limb, but they would move in an opposite direction to her will; and in trying to ask for a drink of water, would say butter, bread, or something contrary to what she wanted to say, and at the same time would be cognizant of her mistaken speeches. This condition would remain from two to twelve hours, when she would complain of a severe pain in the top of her head, look wild and frightened by any noise, would have hallucinations of seeing horrid looking faces coming up behind her to her left side; would see a large pinch-bug off from her left side. Lastly, the attack ends with crying and sobbing, followed by a deep sleep lasting for twenty-four hours or more, from which she is awakened with difficulty. A peculiar form of conjunctivitis of the left eye followed the first attack and has been more or less aggravated by each succeeding attack, and is not cured by the ordinary modes of treatment. The frequency of these convulsive seizures have varied from a few weeks to one or two years, constipation is habitual, menstruation tardy and scant, appetite irregular, continual pain and tenderness in the epigastric region, some tenderness over the left ovary during menstruating period, heart sounds normal, has a habitual nervous cough, physical examination of lungs gives negative results, has given birth to four premature children at the sixth and eight months of pregnancy, convulsive seizures always come on when patient is hungry, and after some mental worry; she talks of her blighted high expectations in life, etc., and manifests a great inclination to mind-worry.

The real cause and pathology in this case is obscure as it is in most of like cases. That the condition of the mind is the prime factor as the exciting cause in this class of disorders, I have little doubt, but let us look a little further into the hereditary tendency in this case.

The mother being subject to similar attacks, gives the history of two, one while traveling a long tedious journey in a wagon, another while engaged at household duties, a week before giving birth to a child.

The same hemiplegic ataxic phenomena of the left side and accompanying hemiopia as was manifest with the daughter were exemplified in the case of the mother, but the resulting unilateral conjunctivitis that remains so prominent in the former case is wanting in the latter.

An aunt of the mother, now upwards of sixty years of age, was subject to similar hysteria from the time she was ten years old, at which time she lost an eye by accident, and has had since, during all these long years, variable pain in the head. She moved from Michigan and has lived in Kansas for the last five years, and the change of climate has seemed to greatly ameliorate the varied symptoms of the accursed disease.

Herein are the fulfillment of the scriptures verified. "The sins of the fathers are visited upon the children, even unto the third and fourth generations." We have now given an abbreviated history of three special cases. The first and second may be called hysteria, the latter hysterio-epilepsy.

In the first two the exciting cause undoubtedly is the reasoning and will power being entirely dethroned by emotion, and I have but little doubt, could a more perfect history of the latter case be had, the exciting cause would be similar to the former ones.

The mind is overpowered, and the great nerve centre, which is the harbor for its existence, is thrown out of gear, and one link after another in quick succession of the incomprehensible chain of the whole psychical system is deprived of its co-ordinating power, thence comes the horrid phenomena as described above. That the mind has a powerful influence over matter, physicians agree. Just the condition the brain and spinal cord are thrown into during hysteria we can only conjecture; the circulation of blood in the brain is undoubtedly interfered with; the vaso-motor system fails to play its part, nerves are electrified and muscles convulsed, until the propelling power is exhausted, or equilibrium is re-established.

Does any special disease have a tendency to cause hysteria? As to diseases of the genital organs being a cause, I do not believe. It is a disease of the married and the unmarried, of the young and the old, the sterile and the child-bearing women; moreover, it is a disease that attacks either male or female. We do not have a proportional number of cases, or in other words we see so few cases of hysteria compared with the throng of women who are daily visiting the gynecologist. We can not attribute the disease to the system being below par, from any special disease of the whole or part of the body. How much has nutrition got to do with it? Comparatively few of the great mass of ill-nourished contract the malady.

Where shall we locate the disease? Theologians might say, "such a case is possessed of seven devils," but the devils are in the mind. It

is a disease of the mind, latent or manifest. The mind is impressed with outside influences, and the material organization is only set on fire by the mental, and both of these are influenced more or less by heredity, faulty education, imitation, environments and circumstances in life. Laughter is produced by outside influences on the mind, likewise is anger, emotion, etc. Excite these beyond the endurance of the will and the equilibrium is lost and the whole or part of the human machinery no longer works in unison.

The treatment of the hysteria and also the epileptiform phase of the disease, must vary somewhat according to circumstances, and the general health, physically and mentally. We hardly expect to improve the qualities of the mind with an ill nourished brain, and the latter must be remedied by getting proper work from the digestive organs. This may be accomplished by regulating the diet, the bowels, the exercise, and the sleep of the patient, assisted by medicines. Good substantial food and proper exercise, that will at the same time occupy the mind without worry, that will rather be cheerful and invigorating, are paramount necessities. Hysterical patients should be kept away from hysterical company, and over-sympathizing friends, who are apt to direct the patient's mind to her own unfortunate condition. It requires a great deal of tact and good judgement on the part of the physician to manage well each separate case. Decided mental impressions that will induce the patient to self-control, should always be exercised. "If medicine were in a position to regulate the mode of life, food, education, and especially the selection for the propagation of the species, it is very probable that in succeeding generations hysteria would become more and more rare in the race."

Individual cases we can only treat on an expectant plan, and most that can be hoped for is to relieve and lessen the weight of each paroxysm and lessen their frequency and treat more or less successfully intercurrent and accompanying diseases. Paroxysms or spasms may be cut short by douching with cold water on the face; pressure over one or both ovaries. I have seen cases that seemed to be in great distress and in spasms to the great horror and anxiety of friends and lookers on, quickly and suddenly changed into a tranquil and hearty laugh, to the great relief of all concerned.

The time-tried valerian, assafoetida, the bromides, mono-bromated camphor and opium have not as yet been supplanted as remedies for acute attacks of the disorder. Cases have come under my care who dared not trust themselves without a supply of valerian on hand. To

assist the patient best to control herself in keeping at bay the horrible paroxysms is to build up the general health; the use of tonics, quinine, iron, pepsin, laxatives, strychnine, etc., as each individual case may require. But general changes of habit, and tranquil, even engrossing, occupation of mind and body, are more to be relied on than medicine. But hysteria once established is apt to do injury to the organism, that is slow of repair if at all, and the power of resistance is weakened and attacks are apt to be repeated. Then our efforts are to be directed to paving a way of escape for coming generations. One of the most difficult lessons to impress on many minds is the power and extent of individual and hereditary influence; and parents more than others, resist the belief that their children are, to a great extent, exactly what they make them; the great law of like producing like. Men and women assuming the great responsibility of parents, should be especially qualified as educators. As long as we leave the greatest event of life to chance, we will continue to have as a result, the blind, the deaf and the dumb; the idiot, the lunatic, and the hysteric; the epileptic, the criminal and the drunkard; and thousands of human beings that should never have been born; a tax on society, a disgrace to their parents, and a curse to themselves.—*Detroit Lancet.*

THE ACTIVE PRINCIPLES OF ERGOT.

In spite of the great amount of interest which ergot of rye has always excited, and of its extensive use in practice, our knowledge of its active principles, and more especially of the individual action of these active principles, must be considered very meager and unsatisfactory,

Recently, Dr. R. Kobert, of Strassburg, has made some important additions to our knowledge of the subject. His plan has been to isolate the active bodies in a pure state, and then study the individual action of each, explaining thereby the various and complicated symptoms which arise from the action of ergot. He has investigated three bodies drawn from ergot: ergotic acid, sphacelinic acid, and cornutin, the latter two being described for the first time. Impure forms of ergotinic acid have several times been obtained, and in the various preparations which have been sold under the name of ergotine it forms the largest active constituent. Its action, however, is quite different from that generally desired as the action of ergot, as may be gathered from the account given of it. When administered to frogs it gradually produces narcosis, loss of reflex action, and stoppage of respiration, the spinal cord being so much depressed that small doses of strychnia no longer cause

convulsions. Feeding rabbits, guinea-pigs, and cocks with the acid had no effect on them whatever, whereas, when given subcutaneously it caused paralysis of the spinal cord and narcosis. The explanation of these seemingly contradictory results is that ergotinic acid, being a glucoside, is split up in the alimentary canal into sugar and an inert base. It lowers blood-pressure by paralyzing the vaso-motor center in the medulla oblongata. Extensive observations were made on the gravid and non-gravid uterus, with the result that it was found to possess no action on that organ.

Sphacelinic acid is the constituent of ergot which causes the well known gangrene. The author found that, under its influence cocks and pigs were particularly susceptible to become gangrenous, whereas rabbits, cats, and guinea-pigs never became so. With dogs, vomiting always followed its introduction into the stomach. The results obtained by poisoning cocks with the acid are very striking, but vary with the dose, and as to whether the poisoning be acute or chronic. A small dose caused the comb and beard of the animal to become dark in color and dry. The whole comb might then gradually recover its usual appearance, or a portion of it might remain dry, become gangrenous, and finally drop off. The tongue, hard and soft palates and epiglottis were also frequently affected with gangrene. When a lethal dose was given there ensued in addition to the above symptoms, loss of appetite and diarrhea. The animal sat as if deeply narcotized, and death ensued from vomiting and the consequent lodgment of masses of food in the air passages. If the animal only survived for about twelve hours, the post mortem appearances were not striking; but if, on the contrary, it lived for a day or more, there were invariably found marked changes in the alimentary canal. These consisted in catarrhal inflammation, often with follicular ulcers, and countless small extravasations of blood, which often ran together to form large patches. The solitary glands and Peyer's patches were in the same condition as in a severe case of typhoid fever. Occasionally also, perforation occurred just as in typhoid fever. Profuse watery diarrhea was always present, and the animal was unable to digest food put into its crop. If about four days elapsed before the animal succumbed, anasarca always occurred, the serous effusion being tinged with bile. Extravasations of blood under the serous membranes were usually present.

Sphacelinic acid by its action on the vaso-motor centre causes a spasmodic contraction of the arterioles and raises the blood-pressure. The difference of its power in producing gangrene in different animals may be explained by assuming that in some this contraction is more mark-

ed and lasts longer, leading to gangrene; while in others it is less pronounced, causing only extravasations of blood. A small dose administered to a pregnant cat caused in thirty minutes uterine pain, and in forty minutes labor had fairly set in, two living kittens being born. From this one experiment, however, Kobert professes himself unable to conclude that it is the sphacelinic acid in ergot which acts on the uterus, but he promises further investigations. Continuous administration of small doses led to changes in the spinal cord similar to those described as occurring in the comb. In consequence the animal developed well marked ataxic symptoms, being unable to fly or walk properly, from loss of co-ordinating power.

Under the heading of observations on man, the author gives a very interesting criticism of the different epidemics, and he points out the symptoms in them which correspond to the action of sphacelinic acid. He also points out certain dangers arising from its use, even in therapeutic doses, such as gangrene of the lungs, gangrene of the cutis, hyperplasia of the neuroglia of the spinal cord and brain, and tabetic symptoms.

Cornutin is the name Kobert has given the new alkaloid which he has discovered in ergot. The amount obtainable is so extremely small, that he had great difficulty in determining its chemical relations. The only body yet described to which it has any resemblance is the so-called ecbolin, which seems to contain a large quantity of it. The author then describes the results of his experiments with the various bases which have been from time to time described as the active principle of ergot. Of these he found trimethylamin, ergotinin, the ergotinic acid, and a yet unnamed base, all non-poisonous, at least in small doses; whereas picrosclerotin, cornutin and a third unnamed base (Winckler) were all very toxic. The action of cornutin may be briefly described as convulsant—clonic and tonic spasms, and convulsions exactly like those of epilepsy being induced. In female animals, whether pregnant or not, the uterus is always affected, but not in greater degree than other involuntary muscles. The effect produced is not the well known tetanus uteri of ergot, but rather irregular wavy movements which seldom cause expulsion of the fetus. Further experiments made on isolated uteri led to the conclusion that the action on that organ occurs only when the nervous system is entire. Cornutin causes no gangrene. The action of cornutin and sphacelinic acid, respectively, explains the cause of the occurrence of the two forms of chronic ergot poisoning, namely, the convulsive and the gangrenous forms, both of which have been often described in the accounts of the different epidemics in Europe.

In conclusion, the author regrets that he cannot as yet confidently recommend any pure substance for use by accoucheurs, but points out that most of the preparations at present in use contain chiefly ergotonic acid, which as previously stated, has no action on the uterus.—*British Med. Journal.*

CHOLERA VACCINATION.

We find in *La Independencia Medica* of Barcelona, of March 1 and 11, 1885, the details of some interesting experiments by Dr. Ferran relating to the personal prevention of cholera. Dr. Ferran has been making a very exhaustive study into the natural history of the commabacillus, and it is claimed for him, by Dr. Serenana and others of his disciples, that he has followed this microbe through all the phases of its existence, and has found it in certain periods of its evolution under forms never before described. But he has also been experimenting in the direction of the attenuation of the virus of cholera, in order, by inoculation with it, to produce a modified form of the disease which shall secure immunity for the subject from the graver scourge. It cannot be asserted that this object has as yet been obtained, nevertheless the results thus far observed are by no means such as to make the learned naturalist despair of success.

The first to submit himself to this somewhat hazardous experiment was Dr. Serenana, who, on February 23rd, of the present year, received an injection into each arm of half a cubic centimetre of the attenuated virus. In less than three hours, he began to experience severe pain in the posterior region of the arms, which gradually increased and rendered movement of the limbs difficult. At the end of seven hours he had a slight chill accompanied by a feeling of general languor, elevation of temperature, rapid pulse, insomnia and headache. This condition remained for a little more than twenty-four hours, when there was a rapid abatement of all the systems, both local and general. Dr. Jacques was the second to receive the virus, and although he was injected in one arm only with half a cubic centimetre, his symptoms were even more pronounced than those of the first experimenter, and he also had slight cramps and nausea. Dr. Bertram, of Rubio, likewise submitted to the injection and experienced similar effects. An examination of the blood eighteen hours after inoculation, revealed the presence of micrococci, said by Ferran to be the first form assumed by the commabaccillus when injected into the living organism.

At the expiration of nine days two of these persons submitted to a

re-inoculation with negative results, while four others, who received primary inoculations with the same attenuated virus at this time, suffered from symptoms of considerable intensity. About two hours after the inoculation pain was felt in the arms, and toward evening, the injection having been practiced shortly before noon, the temperature rose, the pulse increased in frequency, there were headache, languor, slight chills, and nausea. Later there was a rapid fall of temperature, and the hands and feet grew cold and presented a marbled appearance, at the same time the headache and nausea increased and were accompanied by complete anorexia. Some of the subjects had also slight cramps in the calves of the legs. In about forty-eight hours all these symptoms had passed away. The highest temperature recorded was 102° F., and the pulse 125.

It must be confessed that these phenomena bear considerable resemblance to those of Asiatic cholera, and they are the more remarkable when it is remembered that an injection of the same virus, in identical dose, produced absolutely no results in two individuals who had been inoculated some days previously. These experiments must of course be repeated many times, and in presence of actual epidemic of cholera, before they can be accepted as in any degree conclusive. But, if the cable reports truly, the disease has already reappeared in Spain, and Dr. Ferran will now have an opportunity to put his experiments to the crucial test. In the presence of the unsatisfactory state of cholera therapeutics we can but hope, faintly though it may be, that a second Jenner has arisen in Spain, and that we may yet see cholera relegated to the position of small-pox, as no longer a scourge to be dreaded by civilized communities.—*N. Y. Med. Record.*

DIPHTHERIA AND SOME CLINICAL OBSERVATIONS.

Volumes have been filled discussing the pathology and treatment of this disease. Stumpl of Munich has now undertaken a work the results of which are intended to prove that the diphtheritic process of the pharynx, nose, vagina, conjunctiva, in short, of all mucous membranes which come in contact with atmosphere, is at first a purely local process. This does not deny the possibility of the disease beginning locally to cause a general infection of the whole constitution. If we accept that the disease is primarily a local one, then our effort must be to cure the pathological process before it has become constitutional. Antisepsis rightly carried out at the right time, according to the principles of Lister, seems to promise good results, especially when inhalations are employed. Until now we have no remedy efficient in general infection. It is cer-

tainly not an impossibility that we may not find an agent (like for the cure of malaria) that will not injure the vitality of the blood or the tissues, and yet have the power to destroy the parasite of diphtheria. The main task of the physician until then will be to treat the primarily local disease in a local manner. A large variety of remedies have been recommended, but none have been found to contain specific qualities.—*Cincinnati Lancet and Clinic*.

DENVER ITEMS.

HONOR TO OUR WORTHY TOWNSMAN, DR. CHAS. DENISON.

NEW YORK, Jan. 31, 1885.

Dear Doctor—I am much interested in your maps illustrating humidity, isotherms, and other climatic elements in the different sections of the United States. The pictorial representation of variations in humidity is alone sufficient to note the map most valuable to physicians and others interested in climatology, inasmuch as the character of any particular section, as regards this most important climatic element, can be seen at a glance. The preparation of maps for the four seasons separately, is an excellent feature, as will be apparent to any one who compares the same section in the different seasons. The statistics as regards the other elements of climate are more available than books treating on this subject. Indeed, I know of no volume which contains the facts grouped together, in connection with your maps.

The preparation of the maps must have involved an immensity of labor and not a little expense, and I trust that their practical value will be duly appreciated both by the members of our profession and the public. They should be in every physician's study. Their dissimulation should not be limited to medical practitioners, inasmuch as they afford information to those to whom climatology is of interest as relating to enjoyment and true preservation of health.

Very truly yours,
A. FLINT.

418 Fifth Ave.

We publish Dr. Flint's letter because we wish Dr. Denison every success with his new map.

Dr. Mavity amputated a leg at junction of lower with middle third on the 18th.

Dr. Stenhouse has been appointed resident physician at county hospital and is doing good service.

The Medical College craze of Colorado seems to have subsided, perhaps only to break out with greater violence and virulence later in the season—during dog days most likely.

Dr. P. D. Rothwell read a scholarly paper at the last meeting of the Arapahoe Society on fashionable medication, which we will publish in the June number.

Dr. Thomas H. Hawkins, assisted by Dr. Rothwell, removed a spleen last week, weight 15 pounds, $19\frac{1}{2}$ inches long, $9\frac{3}{4}$ wide and $6\frac{1}{2}$ inches thick.

Dr. C. P. Burns was elected President of the Denver Medical Association at its last meeting, and Dr. P. V. Carlin Vice President.

We have had a very pleasant visit from G. H. Drury, representing John Wyatt & Co., Phila.

Get ready for the State Society which meets in Denver the third Tuesday in June.

Drs. Tibbits and Fay have on hands a very bad case of "Navajoe Syphilis."

The Denver Medical College graduated five students.

Dr. McLaughlin has been appointed city physician.

Several new physician's signs are noticeable.

Plenty of small pox in Denver.

**OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES
OF MEDICAL OFFICERS OF THE U. S. MARINE-
HOSPITAL SERVICE, FOR THE WEEK
ENDED APRIL 11, 1885.**

BAILHACHE, B. H., Surgeon. Chairman of Board for physical examination of candidates for appointment as Assistant Engineer, Revenue-Marine Service, April 6, 1885.

VANSANT, JOHN, Surgeon. Chairman of Board for physical examination of officers of the Revenue-Marine Service, April 11, 1885.

PURVIANCE, GEORGE, Surgeon. Granted leave of absence for one week April 6, 1885.

STONER, G. W., Surgeon. Member of Board for physical examination of candidates for appointment as Assistant Engineers, Revenue-Marine Service, April 9, 1885.

GODFREY, JOHN, Surgeon. To represent Service for annual meeting of American Medical Association, April 11, 1885.

GOLDSBOROUGH, C. B., Passed Assistant Surgeon. To proceed to Pascagoula, Miss., as inspector, April 8, 1885.

CARTER, H. R., Passed Assistant Surgeon. Member of Board for physical examination of officers of the Revenue Marine Service, April 11, 1885.

FOR THE WEEK ENDED APRIL 4, 1885.

MURRAY, R. D., Surgeon. Granted leave of absence for one week, March 31, 1885.

BRATTON, W. D., Assistant Surgeon. To proceed to New York, for temporary duty, April 2, 1885.

WATKINS, R. B., Assistant Surgeon. To proceed to New Orleans, La., for temporary duty, April 2, 1885.

APPOINTMENTS.

The following candidates having passed the examination required by the Regulations were appointed Assistant Surgeons by the Secretary of the Treasury. April 1, 1885, viz:—

WILLIAM D. BRATTON, M. D., of South Carolina; and

RALPH B. WATKINS, M. D., of Connecticut.



REPORT ON THERAPEUTIC MEDICINE.

BY GEO. W. TIBBITS, M.D., DENVER, COLO.

LARGE DOSES OF IODIDE OF POTASSIUM IN SYPHILIS.—In a recent number of *Archives Medicine*, Dr. E.C. Sequin writes a very good paper upon the above subject. This question being one upon which there is a vast difference of opinion, we feel that the following extract will be read with interest. Dr. Sequin, after quoting most of the well known authorities in this and foreign countries, says: "From these citations it is seen that, with the exception of Bartholow, the leading authorities on therapeutics and materia medica do not give the necessary information, as to the dosage of the iodides." Our author here gives to Dr. Van Buren the credit of being the first physician who advocated and used large doses of the iodides.

In the experience of Dr. Sequin in treating syphilis with iodides he has found, that they accord with Dr. Van Buren's experience, and states the indications for administration as follows:

1. Given a case of chronic or subacute ulcerative syphilide, or of the nervous syphilis, he gives a tentative dose of 1 gramme and then gradually increases to point of toleration.

2. Given a rapidly extending syphilitic ulcer, the larger doses of from ten to fifteen grammes per diem, should be given at once, and an increase made in the ensuing week.

3. Given a case of extremely acute syphilitic cranial pain, whether strictly neuralgic, or from nodes, or from a deeply placed lesion, he gives four grammes for the first dose; increase to thirty-two grammes on the seventh day, it being understood of course that this amount is given in divided doses.

4. Given a case of syphilis in coma, or that peculiar stupor so suggestive of syphilis, no time should be lost in such a case, and he gives at once four grammes (60 grs.) every three or four hours, doubling the dose the next day.

5. Given a case of syphilitic, hemiplegia,—premonitory period—he gives doses as in cases of coma; but for hemiplegia with actual paralysis he gives very small doses. Dr. Sequin in speaking of mode of administration says: "There is nothing to be found on this point in some of our text books, and in none are sufficient details given; yet, how and when to administer a remedy are most important elements of success, * * * * iodides should be administered, largely diluted in simple water, or better still, in a feebly alkaline water (vichy water)." "A singular unanimity prevails with authorities as to the time of administration;

give the drug "after meals," or "on a full stomach," say all the authorities. Yet not one of them gives a reason for this direction, not even those whose ostensible object is to teach therapeutics. Now, I have strenuously contended against the giving of decomposable medicines on a full stomach which contains a highly acid semi-fluid mass. It is almost a certainty that these salts are more or less split up by the hydrochloric and lactic acids of the stomach, and pure iodine set free. The inactive stomach, on the contrary, is, we know, empty and either neutral or feebly alkaline in reaction; just the condition to facilitate the simple absorption of saline solution without chemical change. I find that by giving iodides in this way, and on an empty stomach, iodism is very rare and gastro-intestinal irritation almost unknown. Patients, who had been previously iodized by one or two grammes per diem, given in the usual way, I found could take from twenty to thirty with impunity. I wish it clearly understood, that I admit that there are rare individuals in whom the iodides produces toxic effects, even in small doses. But these instances become still rarer when the remedy is given in the way I advocate."

TANNATE OF MERCURY FOR SYPHILIS.—Dr. Joseph Zeisler (*N. Y. Med. Jour.*) has recently read a paper before Chicago Medical Society, in which he says: That in regard to the treatment of syphilis with tannate of mercury, he has found that the first trials had been made by Kaposi, nearly a year ago, and that the drug was now freely used in Germany. The tannate of the protoxide, is without odor or taste, soluble in dilute alkalies and nitric acid, and readily absorbed into the system, as was proved by an abundant mercurial precipitate found in the urine. Dr. Zeisler says that while in Vienna, he saw six cases where primary eruptions were manifested. Two showed small papules and large pustules, and one was a case of relapsing secondary syphilis. These cases were treated by the tannate, and showed a rapid diminution of the lesions in the course of a week or two, and in three or four weeks they had entirely disappeared.

The author here alludes to a case that he had under treatment lately; that of a man who had been under treatment from June to September 14th. He had at that time (Sept. 14), a widely diffused muculo-papular syphide for which a number of remedies had been tried by another physician without benefit. On Sep. 19 he gave this patient four grains and a half of the tannate daily, and continued the same until October 5th. The eruption had then entirely disappeared, and only a few spots of pigmentation could be seen; there was no sign of salivation. The use of

the drug was continued until the 1st of November, and the patient was then discharged cured.

He usually gives the remedy in doses of about one grain and a half, with four or five grains of sugar three times a day, an hour after meals. When thus given it was rare for it to produce any signs of salivation. The alkaline carbonates, and considerable quantities of mineral waters containing such salts, should be avoided by patients when taking the remedy, for they decompose it; and iodide of potassium should not be given at the same time, as the production of a large amount of iodide of mercury would be the result.

The writer had never seen any disagreeable symptoms of mercurial poisoning produced while the drug was being used, nor any irritation of the bowels, even if its use was continued for weeks in such large doses as six grains daily, and he had seen about twenty cases so treated.

While this new remedy might not produce a revolution in the treatment of syphilis, it deserved to be classed among the best that had come into use.

PERMANGANATE OF POTASSIUM.—Dr. Roberts Bartholow (*N. Y. Med. Jour. Cand. Pract.*) says: That permanganate of Potassium is very readily decomposed and for this reason practitioners should be very careful in choosing the mode of its administration. He recommends the use of Wyeth's compressed tablets dissolved in pure water at the time of taking. If the water used contains any impurities the beautiful violet colored-cloud produced does not promptly disappear, and the solution is unfit for use. He recommends that one grain should be taken every half hour until four or six grains have been taken. Given in this way and commencing the administration in about four hours after meals, the diffusion of the salt into the blood is probably secured; when thus administered Dr. Bartholow very strongly recommends this salt of potassium in chronic gastritis and gastro-intestinal catarrh accompanied by fermentative changes in the food, also in eructations of gas, vomiting of a yeast-like materials, an acid fermentation of the starchy and saccharine constituent of the food: all of which conditions leads to, and produces, more or less billiousness, manifested in a muddy complexion, yellow conjunctiva, high-colored urine, etc., etc.

The permanganate in the above conditions acts, by checking fermentation of food, by promoting oxidation in the tissues undergoing metamorphosis, and helps to consume in a normal way the products of waste.

One of the most important therapeutical applications of the perman-

ganate, and a recent discovery, is in the treatment of amenorrhœa.

Given in doses of two to five grains three times a day, for several days preceeding the menstrual flow, it will cure the amenorrhœa, when it is characterized by torpor, anæmia, or deficient activity of the menstrual apparatus, but is contra-indicated when a condition of sthenic reactions exists.

EUPHORBIA PILULIFERA.—From an exhaustive article on euphorbia, by Dr. A. Marsset, Paris, France, (*Ther. Gazette*) we extract the following indications, remarks, mode of action, modes of administration, doses, and conclusions, of twelve patients who were the subject of the above reports. Eleven suffered from crisis of dyspnœa, with or without emphysema and chronic bronchitis. In some, the respiratory distress followed pulmonary disease; in others it preceded all other symptoms:—All these patients derived the greatest benefit from the euphorbia; some of them seemed to be radically cured under its use.

The capital symptom calling for this new remedy is paroxysmal spasmodic dyspnœa. From whatever cause this may arise, the relief obtained from the euphorbia seems to be speedy and certain. It has no action on the cough and expectoration in chronic bronchitis, nor has it seemed to modify the rales of humid asthma.

In all affections characterized, or dependent upon a particular neurosis of the pneumogastric, or in paroxysmal dyspnœa of pertussis, spasmodic laryngitis, and angina pectoris, you obtain by administration of the drug a remarkable sedation of the spasmodic symptoms, and of these only; thus proving that its action is rather on the medullary centre of this nerve than on the nerve itself. Euphorbia acts as a local irritant upon the stomach, and to avoid this undesirable effect, it should be given after meals, in doses of one to two grains of the aqueous extract, well diluted with water.

ANTIPYRIN—THE NEW ANTIPYRETIC—This new remedy—says *Can. Pract.*—is still attracting attention in Europe, and many reports have been made of its use. The account of which,—summarized in a recent number of the *Medical Chronicle*—is uniformly favorable. It is found to be a more powerful agent in reducing temperature than salicylate of soda; but like the latter drug, it has a depressing action upon the heart. Profuse perspiration occasionally follows the use of the remedy, but rarely causes vomiting.

Cahn, who writes in the *Berliner Klen Woch*, is of the opinion that not only is the temperature reduced in fever, but that the medicine has a beneficial effect in other ways upon the course of the disease. Lechi

has found that in phthisis it reduces the temperature without sweating or hæmoptysis. Its use is occasionally followed by a skin eruption. The dose is for children under one year, 3 grains; under five years, $7\frac{1}{2}$ grs.: for adults, 30 grs. It may be given in water and is not nauseous.

THE DOSE OF SULPHIDE OF CALCIUM—Mr. M.F. Benham, (*Brit. Med. Jour.*) read a paper before West London Medico-Chirurgical Society, on the use of sulphide of calcium. After calling attention to Dr. Ringer's article on sulphide of calcium which appeared in 1874, he said that the use of this drug in boils, carbuncles, abscesses, scrofulous and glandular enlargements had been in many instances a failure. He attributes the failure of cure to small dosage, and remarks that a dose of one-sixth of a grain might cure in one case, but not necessarily in another. He regarded the appropriate dose for an adult to be one grain in pill three times per day; but if, after a week no improvement occurred, he made an increase of one grain daily, or every few days, until about eight grains daily were reached. Taken in this manner he has found no toxic symptoms produced, nor anæmia superinduced, but on the contrary, even when six or eight grains daily were given, general health resulted, and a cure of the disease brought about.

Mr. Benham read notes from a series of a large number of cases treated with success, and also recommended the drug in phthisis, typhoid fever, and small-pox.

CHRYSAROBIN INTERNALLY IN SKIN DISEASES—Dr. Stocquast reports sixty-one cases treated by internal administration of chrysophanic acid, (*Annal de Derm, N. Y. Med. Jour.*) No form of local treatment was employed. Of the sixty-one cases fifty-six were entirely cured, and only one was unaffected by the treatment. The cases of acne, ecthyma and impetigo all yielded rapidly to the treatment, except one case of papulous acne, one case of lichen, and four of prurigo; in which the irritation was rapidly diminished. Of thirty-two cases of eczema, thirty were cured. The author was struck with the rapid and complete cure of acute eczema, and of impetiginous eczema in children. Out of five cases of psoriasis, three were cured. The acid was generally administered in water, the bottle being well shaken before use. The medium dose—which is generally well tolerated, and not objected to—is one centigramme a day for children, and three centigrammes for adults,

In large doses it may cause loss of appetite, giddiness, vomiting, and palpitation; but seldom does in the above dosage. Especially is this true of children as they tolerate the medicine well.

HAMAMELIS IN EPISTAXIS OF TYPHOID FEVER—Dr. Wm. F. Easley,

(*Med. and Surgical Rep.*) reports a severe case of epistaxis where he had used alum, gallic acid, tannic acid, and finally sub-sulphate of iron, without success. He then gave internally every fifteen minutes ʒss. of Fluid Ext. Hamamelis, with the effect of immediately, and permanently controlling the hemorrhage.

ANTIMONY IN ECZEMA—Dr. Hardaway (*Courier of Medicine*), says in his remarks to St. Louis Medico-Chirurgical Society, that he has used wine of antimony in doses of from four to seven drops in eczema and pruritus, with the result of controlling the itching which is always the principle factor in keeping up the disease. He prefers the antimony in these acute diseases to that of arsenic, as the latter drug does not relieve the itching.

THE MOST POWERFUL ANTISEPTICS—Studied by their power to prevent the development of micro-organism in sterilized broth, the biniodide of mercury stands at the head of the list of antiseptics. It is three times as strong as the bichloride. A solution of a $\frac{1}{1000}$ strength renders life impossible to any form of microbe, says M. Miguel, while of bichloride the strength must be $\frac{1}{1000}$. Iodide of silver is also more powerful than the bichloride of mercury.—*N. Y. Med. Record*.

IPECAC IN METRORRHAGIA—Ceron (*Reo. Med.—Chir, des mal, des femmes.* "Jour. of the Am. Med. Asso.") reports favorably on the effect of small doses of powdered ipecac (three grains), which he administers every half hour until twenty doses have been taken. It is then discontinued for twelve hours, and again given if the hemorrhage has not been checked. The rationale of the treatment is, that small doses of the drug exercises a depressing effect upon the nervous system, and thus indirectly upon the vascular system.—*N. Y. Med. Jour.*

THE TREATMENT OF SICK-HEADACHE—Dr. W. Gill Wylie of New York has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariable cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*N. Y. Med. Jour.*

REMEDY AGAINST COUGH—Take one ounce and a half or two ounces of pure glycerine and evaporate in a porcelain capsule, by means of a spirit lamp. An enormous amount of vapor is disengaged, which inhaled, brings relief to persistent coughs.—*Revue Medicale*.

Dr. J. L. Furber, *Eastern Medical Jour.* says :

The latest surgical mania appears to be for spaying women and girls, particularly young virgins, and as it is raging among the "regulars" of Kansas City, it will not be long before the Kansas Legislature will be asked to amend the law relating to divorces so that they shall read, "Having been spayed before marriage, without the husband being apprised of that fact, shall be a just cause for divorce." In my waking hours I sometimes dream of a courting scene in the future, between a western gentleman and an eastern lady, in which the conversation runs something like this: "Miss Doolittle, have you been spayed?" "S-i-r?" "Have you undergone Ovariectomy?" "Please explain yourself Mr. Blunt." "I desire to be informed Miss Doolittle, whether or not you have been Oophorectomised?" "Certainly I have, Mr. Blunt. A council of respectable and regular physicians was called by my parents when I was a child to consider the nervousness manifested by my three older sisters and myself, and the operation of Oophorectomy was performed upon all four of us by that eminent Surgeon, Prof. Cassius Fitz Greene Brown, A.M., M.D.; my older sisters all died because they were not operated upon early enough in life, so the doctors said, and they unanimously agreed that where parents neglect to have their girl babies Oophorectomised,—it ought to be done by the city surgeon appointed for that purpose,—to prevent the thousand and one diseases that assail girls who grow up to womanhood as their Creator made them, they said further, Mr. Blunt, that it should no more be neglected than vaccination, and certainly my own case proves the truth of their assertion." "I will thank you for my hat, Miss Doolittle; good night." "Good night Mr. Blunt."

[We do not believe that Oophorectomisation is being or likely to be carried or practiced to the extent, as above hinted at, in the west, or in any other country—yet it is well enough to curb the eager fledgings.]

COUNTY HOSPITAL.

Dr. R. G. Nolan has been appointed physician in charge of the Arapahoe County Hospital, County Jail, County Poor house and the County poor. We hope the doctor will make as good a record for himself as his predecessor, Dr. Geo. W. Cox.

Rubbing the patient on the left side will arrest infeneling fatal chloroform anæsthesia.—*Vide Med. News.*

BOOKS AND PAMPHLETS

Inaugural Address Delivered before the New York Academy of Medicine—By A. Jacobi M.D., President of the Academy. Rept. Med. Rec—N.Y.

Remarks on Typhoid Fever in the Young—By A. Jacobi M.D., clinic Prof. of diseases of children in the Col. of Phys. and Surg. N.Y.—Rpt. Arch. of Pediatrics—March '85.

The Physician Himself and what he should Add to His Scientific Acquaintances in Order to Secure Success—By D.W. Cathell M.D., Late Prof. of Pathology in the college of Physicians and Surgeons of Baltimore. Fourth edition. Enlarged by the addition of nearly three hundred new suggestions.

Published by Cushing and Bailey 226 W, Baltimore street, Baltimore 1885—284 pages. Handsomely bound, octavo, pica type, and can be obtained from almost any bookseller in the United States for \$2.00.

We praise this book more highly than other work in our library.

Louis Elsberg, M.D., died at his home in New York City on Thursday, February 19th. Dr. Elsberg was one of the most celebrated laryngologists in the world.

Dr. C.H. Hughes, of St. Louis, believes that cholera is essentially a disease of the nervous system.

THE DENVER
MEDICAL TIMES,

A MONTHLY JOURNAL OF

MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE.

Edited by THOMAS H. HAWKINS, M.D.

JUNE, 1895.

THERAPEUTICS—WATER. (Abstract).*

BY DR. W. C. PEASLEE.

It has been my experience to note that water will not only wash away gouty sin, but that it will also make many fat people fatter and lean people leaner, and will also when taken in large quantities where there is a deficient excretion of urine, cause excessive anasarca leading us many times to prescribe for heart or kidney trouble.

For me to attempt an explanation of the "modus operandi" by which these conditions are brought about, would result in complete failure—but I will venture the theory that in cases where the lean and hungry physique predominates, and where large quantities of water are taken which will dilute and reduce the spgr of the circulating fluids which will greatly favor the process of osmosis. This increased fluidity of the internal fluids will be followed by an exosmosis of solids for an abundant compensative endosmosis of water, which will still further intensify the process of solution which is constantly ready to pass to a solution of a

*Read before the Arapahoe County Medical Society.

lesser density and vice versa and which in turn is carried out of the system by catharsis and by abundant urination, (Diabetes Insipidis). In many just such cases I have known physicians to advise hot and cold baths.

I remember this advice was given me while attending college at Ann Arbor, Mich. I followed the advice for a time but as I was troubled much from excessive thirst which I tried to satisfy by free internal irrigation, I found I was becoming rapidly emaciated, but at that time could not account for it but concluded it was due to malassimilation, and began to take Bi Carb. soda two and a half hours after each meal, which neutralized the remaining acid secretions of the stomach which was followed by a diminution of the thirst and a more perfect digestion. The quantity of urine (which had been quite excessive) began to decrease and I began to gain and at last I felt like a new man. I could report several cases of this character, but instead will report a case of an opposite nature where I was called to see about six months ago, on examination I found extreme oedema of lower extremities a small thready and compressable pulse, puffiness under the eyes, and in fact marked ascites. The bowels were kept regular by saline cathartics, and the skin kept active by daily hot sulphur baths, the kidneys were sluggish and patient was voiding about twenty ounces of urine daily, and was drinking from four to five pints daily. Always thirsty.

On auscultation over the heart I could not detect any abnormal sounds but found the normal sounds were very feeble, which taken with the history of gradual obesity (her weight having increased from a frail girl of ninety-eight pounds up to her weight at that time of 198½ lbs.) led me to believe it a case of fatty degeneration of the heart.

In this case I tried to relieve the anasarca by stimulation of the heart by strychnia and digitalis in small doses, and also used cimicifuga, but without any improvement. I then resorted to jaborandi which would relieve the condition if constantly used in large doses ½ to ¾ grains, but as this was not satisfactory I, as a last resort, insisted that my patient should abstain from the imbibition of fluids, except a little coffee for breakfast and a tablespoonful of water, in which she put fifteen drops of Spts. Ammonia Aromatic and three drops of digitalis, three times a day, two and a half hours after each meal. My object in giving this combination was to overcome by the ammonia the acidity of the stomach remaining after meals and in this way reduce the thirst, which was crowned with success; and as the ammonia is a volatile alkalic it would mostly pass off by the lungs and would stimulate the circulation and res-

piration without assisting to any extent in emulsifying the fatty products of ingesta.

This treatment was a happy hit, the anasarca rapidly and entirely disappeared and now without any treatment at all except the avoidance of water, this patient remains free from the anasarca and has lost twenty-two and a half pounds of her flesh.

SIMPLICITY IN PRESCRIBING.*

BY P. D. ROTHWELL, M. D.

Mr. President and Gentlemen:—

A prescription, according to Dunglison, is the formula which the physician writes for the composition of medicine adapted to any case of disease. It should be as simple as possible, and should bear upon its face the evidence of the objects to be fulfilled by it. No article should form part of it unless adapted for serving some useful purpose.

The word prescription comes from the Latin *prae* "before" and *scriptum* "written"—written before; before what? Certainly not from before the physician arrives at a definite conclusion, and yet when looking at the files on the prescription counter you will find some of the formulæ so complex in their character that you are forced to conclude that they were written for no definite purpose and intended to hit some where.

Accuracy in diagnosis will conduce to simplicity in prescribing. Though in many cases this is difficult and sometimes impossible, yet there will always be found a salient point in which to begin, not our attack as shall be shown further on, but our method of succor, for are we not the hand-maids of nature? A thorough appreciation of this fact will do much to free us from the errors of the "shot-gun policy."

A correct idea of the term disease seems to me important in this connection; to fully comprehend the fact that we are not combating an entity. Disease is not an entity; it is not a devil to be cast out of our patients and into the unfortunate swine as was done long ago. Such an idea is a relic of the barbarism of the past. It will not bear the light of to-day, when we look on disease, not as a personal devil to be exorcised by philters and mummery, but rather as the perversion of a natural state struggling to regain its equilibrium. Our business, as was hinted before, is not to attack but to succor, and with this clear idea in our minds it

*Read before Arapahoe County Medical Society, April 17, 1885.

will simplify the method we select. (I might remark in passing that if this idea were once popularized, the business of the patent medicine man would rapidly decline, for it would sweep away such pictures as snakes, scorpions and other representations of disease, and such expressions as "gnawing at the vitals" intended to terrify the unfortunate.)

We should not be so eager in our efforts to help nature to regain her equilibrium, as to forget our patient. He is an entity, and may have, in addition to the senses of taste, sight and smell, certain peculiarities which we term idiosyncrasies. It is well to remember that each of the aforementioned factors may be abnormally acute. Remembering this, we will think it of some importance to consult our patient and endeavor to please his senses, as far as consistent with the efficiency of our therapeutic measures. Above all, let us remember that our patient is not a test tube into which we can pour solution after solution and theorise on results that we never attain. When a physician has a patient taking compound prescriptions from four or five bottles at four or five different times—annoying to the victim and utterly perplexing to the nurse—the theorizing may be very clear but the practical results cannot be satisfactory. This picture is not overdrawn; it came under my own observation. If a patient rallies from such broadsides of the pharmæopocia, he may thank nature for the success of the struggle and not the meddlesome ally he called to his assistance.

By consulting the senses referred to before, the judicious prescriber will learn useful lessons. A dark, muddy, greasy preparation is an offense to the eye, the more so in proportion as that eye is the window of a refined soul. We should choose remedies and so combine them that their color should suggest comfort to the mind.

The sense of taste demands of us in a language we must understand to avoid nauseous compounds, except when indicated. It is a duty we owe to our patients and ourselves. If our prescriptions are simple it will be easier for us to disguise the taste of the offensive ingredient. It will be well to ask our patients in reference to flavor, as there are some that really enjoy a genuine bitter.

The sense of smell must not be ignored. Let us avoid remedies that by this means tell a story that eye cannot see nor ear hear. You may say this has nothing to do with my subject, but I contend that the prescription must be held accountable for its results and matters are not simplified when we aid nature by surrounding our patient with an odor that makes life a burden and that causes his friends to regard him with suspicion.

No two persons are alike ; we have to meet idiosyncrasis—something so wide spread and deeply rooted in the human constitution, in almost every function and action, that we can hardly hope ever to obtain the key to its mystery. Need we wonder at this when we consider what our patient personifies? To make this plain let us enter into a mathematical calculation. It is safe to say that two persons were responsible for his existence and that he, in all probability, inherits some or all of the peculiarities of these two. Now four persons were responsible for the existence of the aforementioned two, eight for the four, sixteen for the eight and so on. Counting back a matter of thirty generations we find 4,294,967,296 persons were concerned in the production of our patient! What a potency! What a trituration! Need we wonder then that we find peculiarities, and have we a right to ignore them and prescribe for the namby pamby novel reader reclining in her elegant home as we would for the sturdy laborer who says he thinks he needs a good physic now that the spring is coming on, and whose esteem for our skill will be in proportion to the disagreeableness of his medicine and the severity of the gripping it may produce?

He who disregards these facts and sends a prescription that when filled, offends the eye, distressing the taste, and is at variance with the patient's idiosyncrasies and surroundings, is an enemy of the regular profession and is in league with the devil. In this connection let us pause and consider the success of the homoeopaths. It is not necessary to mention their drivel about potencies, triturations etc., mere encouragers of superstition, nor to refer to their sycophancy and low cunning—these are to be execrated ; but they prescribe simply and they are careful not to offend the senses of their patient and in this they deserve praise. They are more successful with the namby pamby order than with the hardy laborer. We can learn useful lessons from all this, and if we do not we are not scientific men, willing to accept and incorporate a truth even if it came from the father of lies. Every neat, nicely tinged, agreeably flavored, carefully considered preparation in the sick chamber, is a more potent argument in favor of regular medicine, than a lengthy oration bristling with bayonet thrusts that suggest an enemy where there is simply a demented wanderer from the scientific fold, with a thirtieth dilution of truth in a chaos of error. Let us extract the kernel from the chaff, be thankful for it, and by our own simple methods, eloquent in the silence in the sick room, win back the golden opinions that have been stolen from us by a trickster.

Another thing to be remembered by us is the doctrine of income

patibility. The incompatibility may be chemical, pharmaceutical, or physiological. The two former are so closely connected that it is hard to give definitions which entirely separate them and still cover the subjects. Chemical incompatibility is where chemical action takes place, as when sulphuric acid and lead would unite to form an insoluble sulphate. Syrup of squills is chemically incompatible with the carbonate of ammonia, since it contains free acetic acid and this would unite with the base and form acetates, something we might not want.

Pharmaceutical incompatibilities are those in which a disturbance of solution takes place in a way not strictly chemical, as alcoholic tinctures and fluid extracts with aqueous liquids, oil with aqueous liquids and mucilage with alcohol. We must not forget the fact that many chemically incompatible mixtures are therapeutically efficient and that they are prescribed deliberately. We prescribe them because experience has given us faith in the resulting compound. As an instance, the union of bichloride of mercury and iodide of potash. The following reaction takes place:— $\text{Hg Cl}_2 + 2 \text{K I} = \text{Hg I}_2 + 2 \text{K Cl}$.

Now iodide of mercury is a characteristic precipitate, and yet when given in this manner it is more efficacious than when prepared by other methods. It may be that the precipitate is soluble in excess of the iodide of potash, thus forming an uncertain compound more easily assimilated.

Other instances might be given, but the very fact that there are exceptions does not make it less necessary for us to remember the rule; *Avoid ingredients chemically incompatible, unless the therapeutic advantage of the resulting compound has stood the test of experience.*

The other day I had a conversation with a dealer in old bottles. He collects them all over the city and in a matter of thirty dozens or so, perhaps every one here would be represented, in the compounds they once contained. He complained of the difficulty of cleaning those bottles and that in some cases it was almost impossible. The thought entered my mind that disregard for pharmaceutical incompatibilities resulted in throwing out of solution the resin of many of the tinctures and depositing it on the sides of the bottles. Doubtless we intended that our patients should receive the benefits of the tinctures in toto, and our patients are entitled to such benefits for they have paid for them. (?)

“The rationale of physiological incompatibility is that one drug is so far antagonistic to another that the mixture of the two is necessarily inert. Thus the combination of opium and belladonna, is in some degree opposed, so is atropia and prusic acid, aconite and digitalis, strychnine and calabar bean; and most markedly of all, caustic alkalies

with belladonna, hyoscyamus, stramonium, all of whose active properties are thus destroyed." But even under this head we find exceptions, as where the therapeutic range of one drug overlaps that of another. It is of advantage to combine atropia and morphia. There is no rule without an exception, and the fact that there is an exception, proves the existence of the rule.

Simplicity in prescribing will not be attained if we disregard the claim of the dispenser. He occupies a most important relation to us. Sometimes we impose disagreeable tasks upon him and he has combinations to make that he passes over the counter with much anguish of heart. It is our duty to him to write legibly, to avoid abbreviations that have a double meaning, as hydr or hydro, which could refer to either hydrocyanic or hydrochloric acid. It might cause him to lose time to find out which was meant. If we wish to prescribe a large dose of some powerful medicine, it would be a relief to the dispenser if we made a note to inform him that it was intentional on our part. Above all, if a medicine does not meet the indications as we think it should, let us not immediately arrive at the conclusion that the druggist made a mistake in dispensing. Such cases have come under my observation, and when examined in the light of truth, the dispenser was blameless. They may make mistakes; let us see that we give them no cause for making them.

A gentleman handed me copies of a few prescriptions that were placed on file the other day, withholding the names of the writers. The following errors in forming the genitive case are very noticeable:—

Oleum menthi piperi, Spr. Eatheris nitrus, Pulvis ipecacum, Vinum Porti. Such Latin as this is enough to cause Cicero to turn in his grave. Better write English except difficulty should be found there also, as is shown in the expression "cocanut buter," seen in one of the samples.

Again,

R_x Spts. Ammon aromat ʒi,
Hoffman's anodyne ʒii,

Better to write either all English or all Latin.

R_x Ammon Carbonatis ʒiiss,
Syr. Scillæ,
Syr. Tolutani aa. q. s. ʒiv.

This is an instance of chemical incompatibility, resulting in the

formation of acetate of ammonia where the prescriber needed the carbonate. This could be remedied by putting tincture of squills in place of the syrup.

R Sodii Salicylatis ℥ii,
 Aquæ ℥ii,
 Syrupi Simplicis ℥s,
 Spts. Gaultheriæ ℥ss.

This is an example of pharmaceutical incompatibility—the water will throw the oil out of solution in the alcohol, and make a milky looking preparation. This could be remedied by using for the flavoring ingredient, aqua gaultheriæ instead of the spirits.

It is claimed that “the shotgun policy” exists only in the South. This is not true; it exists with all its buldozing (spelled with an s), in our own fair city.

Here is an example :—

R Bis subintratis gr. lxxiv,
 Pep. porci gr. xxi,
 Quin Sulph. gr. xxi,
 Ferri Subcarbonatis gr. xliv,
 Pulv. Ipecac. gr. xii,
 Acidi Arseniosi gr. ii,
 Pulv. Opii. gr. xii,

M & Ft. Pulv. No. xxi, Sig.—One after each meal!!

Such prescribing as this deserves severe censure. If the physician were successful after leveling such a volley as this at his patient, to which of the many important ingredients would he attribute his success? Would it not simplify matters to take two or three of these drugs instead of seven? Do you not think that there would be a better chance for success with even one of them selected to meet the indication, than with the heterogeneous mass? This is a combination of seven leading medicines and not like cases in which we use two or three for flavoring purposes. It is customary to prescribe many of the diuretics in combination and the same may be said of the expectorants, but they are in each case allied medicines—they are synergists. This cannot be said of the prescription just quoted.

It has been the purpose of my paper to show what important factors would assist us in prescribing simply. They will bear repetition :—

1. Accuracy in diagnosis.
2. A proper conception of the term disease.
3. A due respect for the senses and idiosyncrasies of our patient.
4. Avoid, unless for good reasons, chemical, pharmaceutical and physiological incompatibilities.
5. Write legibly and avoid what might perplex the dispenser.

A thorough appreciation of these statements will be of service and if further argument were necessary the paper read two weeks ago by Dr. Peaslee and the discussion that followed, can be thrown in the balance which in this case will not be found wanting. That paper paid a glowing tribute to the therapeutic efficiency of water—H₂ O—and suggested that much good could be accomplished by this simple remedy.

Let it be our endeavor to so prescribe and so work together in all things in the wide field before us, as to atone for past errors and to win back the unfortunates that have strayed from the scientific fold.

THE COLD BATH—AS A PROPHYLACTIC MEASURE.

BY L. C. WINSOR, M. D., N. Y.

Acute Nasal Catarrh, or Coryza, or "taking cold," is an occurrence so common, and the ways used to prevent it so various, that a few words regarding the use of the cold sponge bath may be acceptable.

In order to have a clear idea of the requirements for a good prophylactic measure, it is necessary to study the etiology of the disease.

The pathology, symptoms and diagnosis of acute nasal catarrh are all very simple, but the etiology is obscure.

To say that "taking cold" is due to sudden changes in the atmosphere, exposure to draughts, inhalation of certain substances, wet feet, etc., is but giving the apparent causes; why these should produce a local inflammation in the body, is a question which has not as yet been solved.

Two theories are advanced; the one by Rosenthal that having two heat areas in the body, an external and internal, the influence of the cold externally contracts the blood vessels and drives the blood from the external to the internal area, producing an inflammation of the mucous membrane of the nares.

The second and generally accepted theory is by Lietz. It is that the reduction of the temperature of the body, either by external and internal influences, produces a disturbance in the functions of the body,

which lead to a morbid change in some tissue distant from the exposed part. Both theories may be right but it seems as though they are not complete, and that in order to understand it better the question of animal heat be studied. In health the temperature of the body must be maintained pretty constantly at about 98.5° F. This is the result of an oxidation constantly taking place in the capillaries. It is supposed to be an oxidation of lactic acid with soda, the lactic acid being formed from glycogen, found principally in the livers but also in the muscles.

The production of heat may be increased by muscular exercise, by a fatty starchy diet, by mental exertion, taking hot drinks, etc., when the production of heat is increased.

In order to preserve the normal temperature there must be some way in which to rid the body of the heat excess. This is done principally by the skin.

There is a tendency to a constant although slight change of temperature amounting to 1.5° F. (Flinn gr.) At different seasons of the year and in different climates, man regulates the evaporation from the skin, or heat *reducing* function; by increasing or diminishing the amount of clothing worn. He also regulates the heat *producing* function by a more or less fatty diet, and by more or less exercise.

If after stimulating the heat producing functions the body be suddenly cooled, there is produced a local inflammation of some tissue, most commonly in the nasal mucus membrane; but it may be a pharyngitis, rheumatism, tonsillitis, or any tissue in the body may be affected.

It is evident from these facts that within certain limits the temperature of the body may be changed without a "cold" resulting, but soon as the temperature is reduced below this point, a disturbance of nutrition is produced which results in an inflammation. It is a notable fact, that some persons can expose themselves to cold and wet with impunity, while others "take cold" on the slightest provocation. The explanation is that the degree of the normal variation in temperature is much greater in some than in others.

A prophylactic measure therefore which will increase the ability to bear a considerable change of temperature in the body without producing an abnormal nutrition, is one which above others should be employed.

The prevailing methods of preventing "cold" are to use an abundance of clothing, chest protectors, flannels, thick shoes, etc., but that these are ineffectual is proved by common experience.

The equilibrium between the heat-producing and heat-reducing

functions must be rendered more stable by some efficient means, and it seems to me that this want is efficiently met by a constant and judicious use of the cold sponge bath.

We have gymnasiums in which by systematic exercise, weak muscles are strengthened, fitting them for greater exertion, and in the same way why should not the equilibrium of the body-temperature be rendered more stable? Using the bath at first slightly cold and increasing as the system can bear, up to the point of tolerance.

In this way the normal limit of variation will be increased, a stable equilibrium maintained, and such a thing as "taking cold" will be the rarest of occurrences.

REPORT ON THERAPEUTIC MEDICINE.

BY G. W. TIBBITS, M.D.

THE ACTION OF PARALDEHYDE.—Dr. S. A. K. Straham, in the *Lancet*, writes very favorably of the action of this new hypnotic. As a sleep producer he ranks it with chloral, while in anything like moderate doses it approaches in safety that safest of all sedatives, bromide of potassium. He has employed it over one hundred and fifty times in about twenty-five cases, and has found but two patients who did not respond to medium doses of the drug. One of these was suffering from acute mania, and the other from severe facial neuralgia. He has given it in mania, acute and chronic, melancholia, dementia, the various stages of general paralysis, and in simple cases of insomnia. Paraldehyde acts more quickly than chloral. When a dose is taken, a feeling of warmth, a kind of grateful glow, is experienced, and the patient is often asleep within ten or fifteen minutes. The sleep induced is a nearer approach to natural sleep than that obtained by the administration of any other drug; the breathing is somewhat slower and deeper than in waking hours, while the pulse becomes slightly less rapid and possibly stronger. The temperature, (surface), is not changed, the flow of urine is increased, and the skin is not affected. No headache or other unpleasant symptoms is experienced on awaking, and the appetite is not injured, even by daily exhibition of the drug for considerable periods; in one case for over three weeks. The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose, repeated within an hour is much more effective than a single large dose. The paraldehyde is best given as its

first administrators recommends; that is, with a bitter tincture in sweetened water. It has a pungent taste, but a drachm, when combined with fifteen drops of tincture of orange and an ounce or more of water sweetened with syrup, makes a not unpleasant draught, never causing nausea or vomiting. The drug is given off principally or wholly by the lungs, and may easily be detected in the breath for ten, twelve, or more hours. There is one advantage which this drug possesses over chloral which at once gives it a place among our most useful hypnotics, and that is the absence of any depressing or paralyzing action on the heart. This permits of its being given with perfect safety to general paralytics and others to whom chloral would only be given with the greatest caution and with constant anxiety as to the results of even small doses.

CAFFEINE.—The *Therapeutic Gazette* editorially remarks that the physiological actions of caffeine upon the frog, is marked upon the spinal cord and muscle. This is shown by the experiments of Leblond and Voit. These experimenters have proven that caffeine produces muscular rigidity by a direct action of the alkaloid upon the muscle. Johansen states that when a muscle is soaked in a solution of the alkaloid, its fibres can, under the microscope, be seen to contract to half their length. Pratt and Leven say that from their experiments, the motor nerves are not affected but that the alkaloid stimulates the sensory nerves. The most important action of caffeine is, however, in connection with the circulation. Prof. Riegel states that the alkaloid is a heart-regulating drug in the sense of digitalis, and that it increases the force of the heart, lessens its irritability and increases arterial pressure; that it acts very quickly in increasing the flow of urine, and is capable of fulfilling all the indication to meet which digitalis is employed; that it separates itself from digitalis in acting much more quickly, and having no cumulative effects; that it is best given in small doses, and that he has seen it successful when digitalis has failed. These results are confirmed by Drs. Beecher, Aubert and Haase and Prof. Binz. Dr. Wood says that in the use of this drug we should be careful and use Merck's alkaloid as the other makes upon the market are so impure that they produce gastric irritation and failure of good results. With this caution he thinks the drug to be a very valuable one in the indications for its use as set forth by Prof. Riegel, barring of course all those cases of idiosyncracies wherein it produces cardiac palpitation, violent trembling of extremities etc.

NOTES ON THE USE OF ANTIPYRIN AND KAIRIN.—Dr. Metrópolsky, (*Medical Record*), believes that antipyrin outrivals all other means at present known for reducing the temperature of febrile patients. He believes it is indicated in case of enteric fever and croupous pneumonia where the temperature rises above 104° F. As the drug is proven to give rise to heartburn, and sickness, it is better to use it as an enemata—sixty grains in three twenty grain doses, at intervals of one hour.

Dr. B. Kostyleff, of Tyer, in same journal, draws the following conclusions: 1. Antipyrin is a powerful antipyretic, but it must be administered in large doses; thirty grains for the first dose, followed by several fifteenth-grain doses at intervals of one hour. 2. Cardiac weakness does not contra-indicate its administration. 3. The drug is not so well borne by patients as some observers assert. 4. Its antipyretic action develops itself very rapidly. The fall of temperature beginning within less than one hour after administration, and is accompanied by profuse perspiration. When introduced through the rectum, the temperature falls more slowly than when the drug is given internally. 5. The general state of the patient improves proportionately to degree of decrease of temperature. 6. The re-elevation of the temperature begins usually in less than twelve hours, and sometimes is accompanied by rigor. 7. Children bear antipyrin better than adults. Dr. Pashkareff, of St. Petersburg, having studied the action of the Kairin in eight strong patients with petechial typhus, arrived at the following conclusions: 1. Kairin markedly lowers the temperature in a case of typhus fever. 2. In some cases the temperature may be kept at low level by continued administrations of Kairin, but in other cases it again reached high figures in spite of the repeated use of large doses of the drug. 3. Besides the changes of temperature, the drug does not produce any other influence on the course of typhus fever. 4. The high price of the drug, the difficulty of dosage, and the injurious action of Kairin on red blood corpuscles, prevent any practical use of Kairin in typhus fever. In *Gazzett degle ospit*, Dr. Mingazzini gives details of several cases where antipyrin and Kairin were used together. The mixed drugs produced a much more marked fall of temperature than an equal quantity of either drug given separately. The lowering of temperature lasts longer. Kairin administered with antipyrin, does not give rise to the inconvenience that are apt to follow it when given by itself.

AMYLO-VALERIANIC ETHER.—Dr. Wood (*Ther. Gazette*) after calling attention to an essay of G. Briul, Paris, says that amylo-valerianic

ether is the essence of the apple. The ether when absorbed by man, in the form of capsules containing gtt. $2\frac{1}{2}$, produces acceleration of the pulse, warmth of the skin, perspiration, cephalgia, restlessness and excitement of the nerves.

The ether is superior to chloroform as a solvent of cholesterine, as its evaporation, or elimination from the system after its exhibition proceeds more slowly than that of any other agent. Hence the drug is the most powerful and least dangerous of all employed in the treatment of hepatic calculi. In the pains of gastralgia and hepatic colic the ether is of great value; in the latter especially, its beneficial effects are conspicuous and comparatively lasting; this is owing to its action, as an anæsthetic, an excitant, and an antispasmodic, and on account of its feeble volatility. To epitomize its action in various affections; It produces sleep as well as morphia and chloral without showing danger attending the use of these drugs. It acts as a hypnotic in doses far smaller than chloral-hydrate, without exerting any depressing action on the heart, like the latter. It calms pain, colics, and spasms. It is a tonic *par excellence*. The excitation it produces in the alimentary tract renders digestion easy and regular. It has been advantageously used in flatulent dyspepsia. The dose in nephritic, or hepatic colic, is two or three capsules (gtts. $2\frac{1}{2}$ each), repeating dose every quarter of an hour till pain ceases. Give milk with capsules to guard stomach. In gastralgia four to six capsules given daily. In neuralgia two capsules every quarter hour till pain subsides. In dysmenorrhœa, pains are instantly calmed by six capsules daily (two before each meal). In dyspnœa it will be found useful, even after sulphuric ether fails. If the above statements of Bruil and Wood are true, we have indeed found a drug that will rank among the most useful remedies known at present.

ANTISEPTIC INTESTINAL MEDICATION.—Dr. Dujardin—Beaumetz, writes an interesting article on the above subject, in *Ther. Gazette*, March, 1885, in which he claims that from experiments of Miquel, Selmi, Gautier and Bourchard, he finds that putrid fermentations of contents of the intestines is proved by (1) the presence of certain micro-organisms; (2) certain cadaveric alkaloids; (3) finally, certain special products, which originate in modifications undergone by albumenoid matters. Regarding many of our infectious diseases, (Typhoid fever, etc.,) as originating through and by such fermentations, he proposes as a treatment, medicines which are capable of modifying the pertridity of intestinal matters.

He finds by trial that this can be accomplished by several medicines ; the best of which is : An enema containing two to three tablespoonfuls of poplar wood charcoal suspended in six ounces of water. This injection has no toxic effect on the system in general ; but owing to the fact that its action is confined to the large intestine, he recommends, antiseptics per the mouth. The best remedy for this purpose is, eight, ten, or even twelve tablespoonfuls of carbon disulphide water per day, in half tumbler, of wine and water. This water is made by adding to 500 grammes of water, 25 grammes of carbon disulphide, shake and let settle, then add spirits peppermint gtts XXX. This solution has an agreeable taste, and leaves a cool, fresh sensation in the mouth. Experiments that have been made upon man and animals prove this water has no toxic effects, such as other antiseptics have when given in quantities sufficient for antiseptics. By means of this water, the stools are disinfected perfectly, and under the influence of this treatment the infectious diarrhoeas disappear and the course of typhoid fever markedly modified, and a favorable termination brought about.

A NEW THEORY AS TO THE ASSIMILATION OF IRON.—The editor of *New York Medical Record* in reviewing the experiments of Prof. G. Bunge on the assimilation of various preparations of Iron and its salts, concludes : That our natural foods contain no inorganic iron compounds ; that *inorganic iron salts are never absorbed and assimilated* and that iron takes part in our nourishment only in the form of complicated organic compounds, which are the result of life processes of plants. In answer to the question how these salts—that are never absorbed—relieve anæmia and assist hæmatosis ; he *guesses* that these salts in some way prevent the organic iron compounds from being decomposed and made unassimilable.

In regard to the action of Tr Chlor Iron upon anæmia he finds that from the experiments of Zander (with hydrochloric acid) it must be due to large doses of the acid it contains and not from iron itself. The practical inference to be drawn, is that the ordinary albuminates, malates, lactates, etc., of iron are no better, no more likely to be assimilated than the inorganic salts. The former may be given for special reasons, but the muriated tincture is after all the best form to use, when the stomach will allow.

THE CHLORIDE OF GOLD AND SODIUM IN NERVOUS AFFECTIONS.—Dr. Roberts Bartholow, in a note read before the American Neurological

Association, (*Medical News*) says in substance: That there are three several heads under which it will be convenient to group the therapeutical powers of gold. The so called alterant effects; the action on the nervous system; the urino-genital properties. In doses of one-twentieth grain two or three times per day, it promotes constructive metamorphosis, improves globular richness of the blood, and increases tissue strength. If kept up for a time, tissue waste occurs, in excess of repair, (alterant effects). Hence, the utility of this remedy in *Sclerosis*, whether nervous, hepatic, or renal. In posterior spinal sclerosis and in chronic interstitial nephritis, Dr. Bartholow speaks very highly of the benefits derived from its use in his hands. In fibroid kidney, excellent results followed the use of chloride of gold; also is this true in that form of hypochondriasis, coincident with the onset of degenerative changes of the cerebral vessels.

In certain affections, characterized by spasm, as asthma, laryngismus stridulus, and singultus, this remedy acts surprisingly well. He concludes by saying: "There are certain cases of sexual debility accompanied by an extreme degree of hyperchondriasis, which are amongst the most difficult and unsatisfactory with which we have to deal. No remedy has seemed to me so serviceable as gold in this troublesome condition of things. In simple sexual debility, its administration promotes activity.

In dysmenorrhœa with scanty menstruation, and in chronic metritis, accompanied by these symptoms, the persistent administration of gold and sodium chloride has done much good."

CONVALLARIA—INDICATIONS FOR ITS USE IN HEART DISEASE.—Dr. Bogojavolenski (*Med News, Gaz. Med. di Foriuo, July 25, 1884.*) from many experiments and a comparison with results reached by other observers, gives the following indications for its use: 1. Palpitation resulting from a state of pneumogastric depression or paralytic palpitation, simple arrhythmia with or without hypertrophy of the heart, and with or without lesions of the orifices and valves. 2. Mitral stenosis, especially when accompanied by a defect of compensation in the contractile force of the left auricle and ventricle; the sphygmographic tracings show that the contractile force is markedly increased. 3. In insufficiency at the mitral orifice it is especially valuable when pulmonary stasis is threatened, and when dyspnoea occurs from the passive congestion with or without nervous troubles of respiration. 4. In aortic insufficiency its favorable

effects may be seen. It is especially indicated when there is not compensatory hypertrophy of the left ventricle ; and it increases the force of the heart when it tends to become weak and dilated. 5. In cardiac dilatation, with or without hypertrophy, with or without cardiac degeneration or sclerosis of the muscular structure, it is indicated. 6. It is indicated in all cardiac affections in which there is a tendency to dropsy.

REPORT ON DISEASES OF THE NERVOUS SYSTEM.

BY W. C. PEASLEE.

***EPILEPSY.**—In this disease autopsies and microscope have not revealed any constant pathological lesions. The few histological changes reported seem to me rather results than causes of the disturbance.

According to Jackson, Gowers and others, an epileptic paroxysm arises from excessive functional activity of the gray matter of the brain.

There may be a momentary loss of consciousness, slight incoherence, or mental blank, without muscular spasm. The paroxysms may be due either to diminution of inhibitory power or to an excessive generation of nerve force within the cells affected. The essential element in the production of the paroxysm is the presence of an inherent instability of the gray matter within the encephalon, which may be due to heredity or other predisposing causes. Reynolds classifies the causes as : 1. Psychological—as fright, grief, worry, or overwork. 2. Excentric irritation—dentition, indigestion, dysentary, etc. General organic changes—fatigue, pregnancy, rheumatic fever, scarlet fever, diphtheria and pneumonia.

Physical influences—blows on the head, falls and cuts. It is very important to discriminate if possible as to the cause. Constantly acting peripheral irritation may induce a convulsive habit in the brain centres, which may continue after the removal of the exciting cause, as for example, uterine and ovarian disease, in an unstable nervous organism.

One of the saddest features of this disease is the mental deterioration and derangement which is so often found with it. Epileptic mania often develops and constitutes an important medico-legal question, especially when connected with crime.

Treatment in my hands has proven very satisfactory—the earlier it is begun the better, and should be continued for a long time, but routine administration of remedies without an intelligent study of the peculiarities of each case, will often result in disappointment. All medication must have special reference to the character of the provoking cause.

*Read before the New England Psychological Society, Dec. 9th, 1884.

DEMONOMANIA WITH PERIODIC HYSTERO-EPILEPTIC ACCESSES.—Dr. Angelo, Passerini, (*Alienist and Neurologist*, No. 2, April, 1885),* relates a very interesting case of demonomania which Dagonat asserts is "a very exceptional affection." This case furnishes proof of the great influence which delirious ideas exercise over nervous functions. In this case the demoniacal delirious ideas, under certain circumstances, reached such an intensity as evidently to become determining causes of violent hystero-epileptic accesses.

Henrietta Ga., twenty years of age, of trivial intelligence, but of a family of rather good circumstances. A paternal uncle was, and her father now is, addicted to the pleasures of Venus and Bacchus, and the residents consider the girl as possessed of the devil. From her earliest years it was evident that her intellect was below mediocrity, she was late in beginning to speak and slow in understanding, was always lowest in her class and very low herself. She was placed in a college at Milan, for three years, but the result was far from satisfactory.

Henrietta was shut up in a small dark room one day by her mother, which caused the prisoner to attempt an escape by trying to break the door-lock or smash a window, but finding escape impossible, she began to weep, to scream, and to rage madly. As darkness came on her terror became greater she invoked the assistance of the devil, promising both soul and body if he would free her from imprisonment.

On the 1st of May 1880, in company with her mother she attempted to attend church, but tormented with melancholy thought and full of remorse for having sold herself to the devil, had not closed her eyes the preceeding night, and in a frightful vision she said the devil presented himself to her, and forbade her in a hollow voice and with a terrifying frown, ever to set her foot in a church. As Henrietta gradually approached the church, her breathing became shorter, frequent and oppressed, and when about to enter she uttered a piercing cry and fell to the earth senseless, motionless, and stiff, then she began to tremble, became livid in the face, ground her teeth, foamed at the mouth, shook, and became furiously convulsed, then rolled her eyes and stared, and again carried her hands to her throat and epegastrum alternately. This lasted about an hour, she then began to weep, shriek and groan, then fell into a profound sleep. On the following morning she renewed the attempt to go to church, and behold! another access of grand hysteria, more violent and longer than the first. At two o'clock p. m. a third access, which lasted until four p. m. This phenomena was repeated daily between two and four o'clock p. m. At the close of these accesses, she

*Translated by Joseph Workman, M. D., of Toronto, Canada.

would cry out that she had seen the devil, and would try to leap from her bed, dart through a window, knock her head against furniture, and pull her hair.

Henrietta in conversing with her friends often lamented the unpardonableness of her sin, for now her soul and body belonged to the devil. She said that from midday up till towards two p. m., her anguish increased up to sheer desperation at the idea of being damned beyond all pardon. Her convulsive accesses were pre-announced by a sort of shivering, which radiated from her right little finger up to her throat, and then choked her and deprived her of feeling. The devil under the form of a cat or dog, often, according to her statement, presented himself to her.

Her relatives never thought of placing her under the care of a physician, but they had masses and ceremonies celebrated to drive the devil out of her (which according to the remaining history seemed more potent than priest, prayer or the apparition of the Blessed Virgin combined), for on the 26th of May, she was sent to the *Sanctuariso di Caravaggio*, where the apparition appeared and many a time worked the miracle of curing those possessed of the devil. Henrietta could not be so easily influenced by a good spirit, for as she came in sight of the *Sanctuariso di Caravaggio*, she burst into loud weeping, groans, and piercing shrieks. She could not enter, being held back as if by an invisible iron hand. From this 26th day of May, she had no more exaltations except on the following mystico-religious epochs of each year, which were the festals of the Nativity—the festals of Easter—and all in the month of May of each year.

Henrietta is subject to palpitation and obsortive accesses of *angina pectoris*—menstruation is scant and painful; she complains much of ovarian trouble, pressure on right side causing much pain.

As regards the psychic functions; her ideas are puerile and disconnected, language is improper and confused. She hardly ever speaks unless questioned, then she rambles from one thing to another and recollects only with difficulty.

She is capricious, and spends most of her time at the looking-glass, adorning herself to gratify the wishes of her "devil-kin."

Henrietta Ga. is a girl imbecile, *hystero-pathic*, in whom is developed a religious melancholy, with demoniacal ideas, in which the *monopathic* accesses provoked by recurrence of the religious epochs of the year, are always associated with convulsions of the grand hysteria.

FUCUS MARINA.

BY H. S. P. LARE, M. D.*

The profession will learn, with much gratification, that a new remedy has been recently introduced to their notice, that will benefit a certain class of diseases heretofore not reached by the ordinary plan of treatment. We refer to the preparation known as Fucus Marina, manufactured by the Peacock Chemical Company, St. Louis.

The manner in which this preparation will make its way, will of necessity be of great importance and interest to the profession at large, as it is for the treatment of Malarial affections and their sequelæ. Fucus Marina may aptly be called an Antidote to Malaria; that is, we might say to the different forms and phases of Malaria, among which may be mentioned Intermittent, Remittent, Typhus or Ship Fevers, Typho-Malarial Fevers, etc.

Peacock's Fucus Marina is a pure *liquid* preparation, manufactured *exclusively* for physician's prescriptions, and contains the essential medicinal elements of the "Marine weed" or seaweed (*fucus marina*), in a definite and agreeable form, it being uniform in therapeutic strength, and in a constant state of readiness when called for by a physician's prescription, it may be regarded as a remedy that will prove of great usefulness to the profession. But, as we are digressing somewhat from our original intent when starting out, namely:—To describe its therapeutic action alone on the human system, we return to that subject. Being somewhat of an experimental and investigating turn of mind, we concluded to try the preparation of Fucus Marina on a few cases, and it is with pleasure we present our tabulated experience with at least a half-dozen cases; but, before so doing, let us distinctly understand that Fucus Marina must not be strictly considered as an anti-periodic, nor as a substitute for quinine, but rather as an ally of quinine, *possessing antidotal alterative properties, which quinine lacks*, we believe it to be a most reliable Antidote to Malaria, and a prophylactic against ingrafting the malarial poison into the human system, and it eradicates the poison and prevents the return of the ague, after it has been checked by quinine or some other anti-periodic remedy. Armed with quinine to check the periodicity and to lower the fever temperature, and with Fucus Marina to eradicate the Malarial poison from the system, the physician is well prepared to fight the insidious Malarial foe.

Our first experience with Fucus Marina was very beneficial, and as the old saying is, "That first impressions are lasting," we were favorably impressed from the first. We prescribed the preparation in a genuine

*Formerly Resident Physician, St. Louis Poor House.

case of malaria and debility following child-birth, in the ordinary prescribed dose of one drachm *ter in die*, and its action was indeed very pleasant—the *patient fully recovering*.

The next case was one of the remittent type of malaria, with rheumatic tendency, this lady being confined to her room for some weeks. Placing her on the usual adult dose, many days did not intervene before a marked improvement began, and she is now able to be about her usual household avocations.

My third experience was in the case of a little boy ten years of age; seeing him after being abandoned by another physician who attended him three weeks, treating him for ordinary chills. His was undoubtedly a case of Typhoid-intermittent. After using the ordinary quinine and other antipyretic remedies without avail I placed him on *Fucus Marina*, ten drops, every three hours, and in five days had the fever under control.

My next experience was in a debilitated case of pharyngitis (syphilitic) prescribing the corrosive chloride with the iodide using the *Fucus Marina* as a menstruum, and which, by the way, made an elegant and efficacious combination, which was of undoubted benefit.

I next tried the preparation on a patient with irritable stomach who could not bear quinine. After a week or ten days I could readily give her the *Fucus Marina* and quinine alternately.

The sixth case was one of chronic chills, or old fashioned "shakes," contracted by a washer-woman while on board a government boat between here and Pilot Knob. She used quinine by the spoonful, as she expressed it, also dosing herself heroically with large drafts of whiskey. Placing her upon *Fucus Marina* with iron and capsicum, in six weeks she was well and returned to the boat in the swamps.

Thus we see, in medicine as in all other sciences, that observation must be assisted by experimental research. The influence of a new remedy, brought to the notice of the physicians, either for good or for evil, must of necessity be very great, and it behooves the profession to have most clearly in their minds, remedies that will be most advantageously adapted to certain diseases. There must be less indecision, in testing newly discovered remedies, or else more harm to the true advancement of medicine will be the result, for we have no doubt that every member of the profession who appreciates that advances in medicine, especially so of practical medicine, must proceed *pari passu*, with progress in the science on which it is based. We can certainly do much to encourage the discovery and application of new remedies for certain forms and phases of disease, and on experimental research the future success of new remedies must largely depend.

1210 Olive Street, St. Louis, Mo.

LEVIS'S METALLIC SPLINTS.

FOR FRACTURE OF THE LOWER END OF THE RADIUS

Made in two sizes—adults' and children's.

From an article by R. J. Levis, M. D., Surgeon to the Pennsylvania Hospital, and to the Jefferson College Hospital.

The correct nature and mechanism of the ordinary form of fracture of the lower end of the radius is now, after much controversy, generally admitted and properly comprehended. With this proper understanding the indications of treatment become rational and decisive.

In the usual and very characteristic fracture of the carpal end of the radius the primary line of the fracture is, with little tendency to deviation, *transverse* in direction. Associated lines of fracture are generally those of comminution of the lower fragment, and are caused by the upper fragment being driven vertically into it and splitting it, usually in directions towards its articular surface.

The displacement of the lower fragment is towards the dorsal aspect of the forearm, and its articular surface is inclined in the same direction, abnormally presenting backwards and upwards.

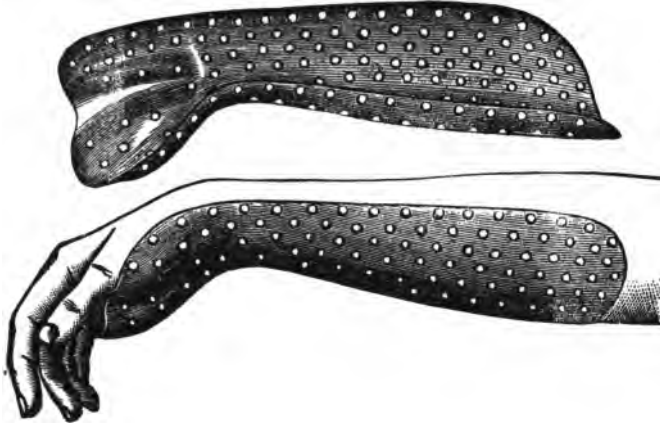
The mechanism of the fracture is its production by falls upon the palm of the hand, which with the carpus, undergoes extreme extension, and the fracture is caused by an *act of leverage* or *transverse strain*. This direction of force has also been called *cross-breaking strain*.

In this fracture, actual displacement of the lower fragment may not exist at all, or it may be to the extent of complete separation from contact of the broken surfaces, varying with the amount of force applied and with the retaining influence of the surrounding dense structures.

The first essential of the treatment of fracture of the lower end of the radius is *the complete reduction of the displacement*. The action of replacement must be directed to the lower fragment itself. The reduction of the fracture can usually be thoroughly effected, under anæsthesia, by *strong extension applied to the hand, associated with forced flexion of the wrist, and with pressure applied directly on the dorsal surface of the lower fragment*. Unless vertical splitting or comminution of the lower fragments exists, the maintaining of partial flexion of the wrist, with pressure of a pad on the dorsal surface of the fragment, will prevent return of deformity.

With the object of retaining the apposition of the fractured surfaces, by overcoming displacing forces, I have practiced for many years on the principles involved in the splint here illustrated, the application of which will not require much description.

In the treatment of fracture of the lower end of the radius it is essential that proper allowance be made for the curvature of the anterior or palmar surface of this part of the bone. This is insured in the splint which I have devised, which follows correctly the radial curvature; and



the fixing of the thenar and hypothenar eminences of the hand in their moulded beds, maintains the splint immovably in its correct position with reference to the radial curve.

To neglect of complete primary reduction of the displacement of the lower fragment, and to inefficient restoration and retention of the normal radial curve, are due to the frequent unfortunate sequences of this fracture.

The splint is made of copper, so as to be readily conformable by bending to suit the peculiarities of size and form of forearms. The slight roughness left on back of splint from perforations is for the purpose of keeping the bandage from slipping. It is nickel-plated to prevent oxidation.

The splint will usually fit the forearm so accurately that but little padding will be required, and a piece of woven lint, or of cotton or woolen flannel is all that is necessary for its lining. No dorsal splint is needed, but, as before referred to, a small pad will, in most cases, be required over the dorsal surface of the lower fragment. For retention of the splint an ordinary bandage, two inches and a half to three inches wide, is all that is necessary.

This splint has the merits of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries involving the forearm and wrist, and, as now supplied, is very expensive.

THE TREATMENT OF WHOOPING COUGH.

In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital (*Medical News*), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which 'is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put in the hands of an inexperienced person, and as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal*.

THE HYDRANGEA ABORESCENS

The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., of St. Louis, have combined the active elements of the plant with lithia in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. In the *Chicago Weekly Review* two cases of rheumatic gout with renal complications are reported by Dr. F. S. Senier, of Waukesha, Wis., where this preparation in doses of a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Med. and Surg. Reporter, Philadelphia*.

There will be issued, by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled, *BERLIN AS A MEDICAL CENTRE*, by Horatio R. Bigelow, M. D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be \$2.00.

BOOKS AND PAMPHLETS.

Transactions of the New York State Medical Association, 1885.—Volume 1. The regular price of Volume 1 of the Transactions is \$5.00. Fellows of the association, not in arrears, will be supplied with copies, in addition to the copy to which each fellow is entitled, at the rate of \$2.50 per copy, by John H. Hinton, M. D., Treasurer, 41 West 23rd Street, New York City.

Fellows of the Association, not in arrears, and Fellows appointed at any time before the adjournment of the annual meeting for 1885, are entitled each to one copy of the Transactions for 1884, Volume 1. By order of the Committee on Publications, April 10, 1885.

This association is the outgrowth of the New York, New Code—.

A Case of Cystic Tumor of the Jaw in a Negro.—And some new observations on the Pathological history of this Disease, with nine illustrations. By Augustus C. Bernays, A.M., M.D. Heidelberg; M.R.C.S., England; F.R.M.S. London; Member German Society Surgeons of Berlin; Professor of Anatomy St. Louis College Physicians and Surgeons; Surgeon to the Surgical and Ophthalmic Infirmary; consulting Surgeon to the Missouri Pacific and Wabash, St. Louis and Pacific Railway systems, etc.

On Idiopathic Anæmia.—A report of three cases, with remarks; and an analysis of the cases hitherto published in America. By J. H. Musser, M. D., chief of the Medical Dispensary, Hospital University of Pennsylvania; pathological to the Presbyterian Hospital, etc.

Catalepsy in a Child Three Years Old.—By A. Jacobi, M. D., Clinical Professor of diseases of children in the College of Physicians and Surgeons of New York. From the American Journal of the Medical Sciences, April, 1885.

Ovariectomy.—By James B. Hunter, M. D., surgeon to the Woman's Hospital; professor of Gynæcology in the New York Polyclinic, etc. Reprinted from the New York Medical Journal for June 7, 1884.

Disinfection and Disinfectants.—Preliminary report made by the committee on disinfectants of the American Public Health Association.

Specialties, and their Relation to the Medical Profession.—By L. Duncan Bulkley, A.M., M.D. Attending physician for skin and venereal diseases at the New York Hospital, out-patient department, etc. Read before the American Academy of Medicine, at its Annual Meeting at Baltimore, Md., Oct. 29, 1884; approved for publication by the council. Reprinted from the Journal of the American Medical Association, December 13, 1884.

State Provision for the Insane.—By C. H. Hughes, M. D., St. Louis. Reprint from *The Alienist and Neurologist*, April, 1885.

Proceedings of the State Board of Health of Kentucky.—Quarterly Meeting held at Louisville, March 16 and 17, 1885.

Open Letter from Dr Edward W. Jenks to Dr. N. S. Davis.—Editor of the *Journal of the American Medical Association*.

Fifty Cases of Abdominal Section; with remarks on Laparotomy.—By James B. Hunter, M. D., surgeon to the Woman's Hospital; professor of Gynæcology in the New York Polyclinic, etc. Reprinted from the *New York Medical Journal* for April 4, 1885.

Scarlet Fever, and Certain Suggestions for its Treatment—In accordance with the most recent advances in science and experience. By T. Griswold Comstock, M.A., M.D., Master in Obstetrics of the University of Vienna; St. Louis, Mo. Reprinted from the *New York Medical Times*, March, 1885.

Epilepsy.—By L. W. Barker, M. D.—Rept. *Jour. of Nervous and Mental Disease*, Dec. 9, 1884.

The Oleates. An Investigation into their Nature and Action.—By John V. Shoemaker, A.M., M.D. Lecturer on Dermatology at the Jefferson Medical College; Physician to the Philadelphia Hospital for skin diseases; Member of the Pennsylvania State Medical Society; the Minnesota State Medical Society; the American Medical Association; the American Academy of Medicine; the British Medical Association; Fellow of the Medical Society of London, etc., etc., etc.

Typhoid Fever in Birmingham, Ala.—By John D. S. Davis, M. D. Read before Jefferson County Medical Society. Reprinted from the *Weekly Medical Review*, April 14th, 1882, p. 255.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES
OF MEDICAL OFFICERS OF THE U. S. MARINE-
HOSPITAL SERVICE FOR THE WEEK
ENDED MARCH 21, 1885.

SAWTELLE, H. W., Surgeon. Detailed as Chairman of Board for physical examination of officer of the Revenue Marine Service, March 17, 1885.

ARMSTRONG, S. T., Passed Assistant Surgeon. Granted leave of absence for thirty days, March 16, 1885.

AMES, R. P. M., Passed Assistant Surgeon. Detailed as recorder of Board for physical examination of officer of the Revenue Marine Service, March 17, 1885.

FOR THE WEEK ENDED APRIL 18, 1885.

YEMANS, H. W., Assistant Surgeon. Detailed as medical officer, Revenue Steamer "Corwin" during cruise, April 16, 1885.

BATTLE, K. P., Assistant Surgeon. When relieved to proceed to New Orleans, La., for duty, April 13, 1885.

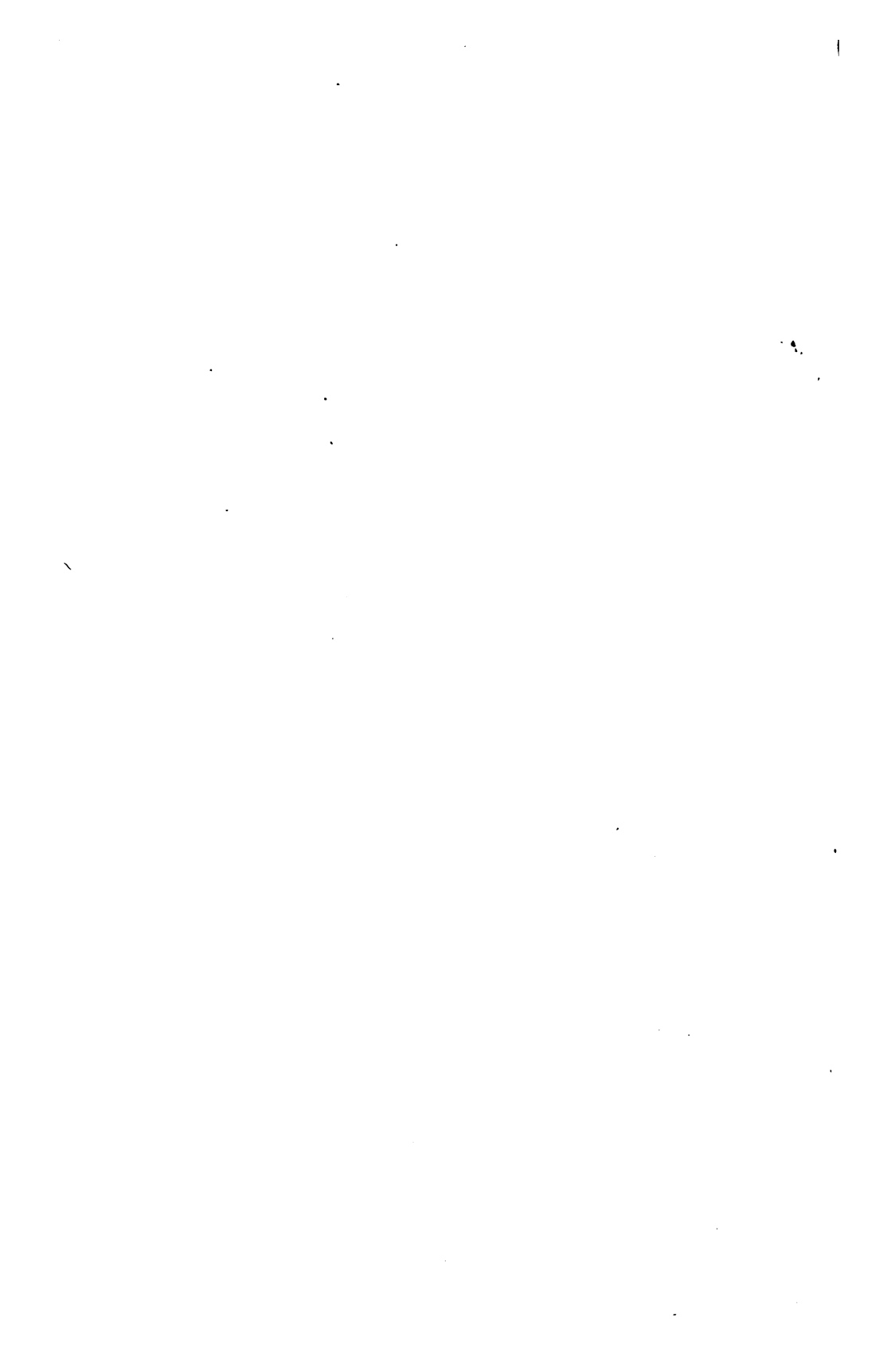
BROOKS, S. D., Assistant Surgeon. Granted leave of absence for ten days, April 16, 1885.

FOR WEEK ENDED APRIL 25, 1885.

SAWTELLE, H. W., Surgeon. When relieved to proceed to Detroit, Mich., and assume charge of the Service, April 23, 1885.

URQUHART, F. M., Passed Assistant Surgeon. To assume charge of Cape Charles Quarantine Station, April 23, 1885.

WILLIAMS, L. L., Assistant Surgeon. When relieved to proceed to Norfolk, Va., for temporary duty, April 23, 1885.



INDEX TO VOLUME IV.

Original Communications and Selections.	Page.
Atmospheric Pressure on Respiration.....	41
Analysis of Beef Peptonoids	57
American Medical Association.....	58
Acne	97
Abdominal Section in Central Africa	117
Address Delivered at Fourteenth Annual Convention	129
Antiseptics in Midwifery.....	161
Anaesthetic, Local.....	193
Abdominal Section, 1000 Cases.....	236
Address, Annual, Delivered before the Arapahoe County Medical Society	228
Books and Pamphlets.....	24
" " " "	123
" " " "	159
" " " "	184
" " " "	223
" " " "	248
" " " "	316
" " " "	352
Burns, Treatment of.....	109
Boulder Items	223
Backward Displacement of the Uterus	150
Bill, A	244
Bath, Cold, As a Prophylactic Measure	361
Coccygodynia	101
Cancer, Etiology of	122
Cocaine, Report of Cases and Experiments	195
Cocaine, in Gynecology.....	198
Compound Fracture of Pubic Arch.....	200
Cocaine in Genito-Urinary Procedures	203
Chicago Gynecological Society	217
Cephalalgia and Its Therapeutics.....	233
Cocaine, Report on	257
Carbolic Acid in the Treatment of Hemorrhoids.....	260
Convulsions, Puerperal	294
Carnegie Laboratory	305

Cocaine	307
Cholera Vaccination	340
County Hospital.....	351
Disinfection, Remarks on, during the Lying-in Period.....	263
Diphtheria and Some Clinical Observations.....	341
Eucephaloid Cancer of the Kidney.....	161
Exostosis of Ext. Auditory Canal	273
Ergot, Active Principles of.....	337
Forceps, When to Use.....	84
Fucus Marina.....	372
Gonorrhoea, Treatment of, by Open Wire Bougies.....	82
Gonorrhoeal Ophthalmia.....	136
Great Surgical Operation.....	250
Gastric Ulcer, New Treatment.....	278
Garfield Hospital	116
Home Enterprise	64
Hospital, Garfield	116
Hay Fever, Treatment of.....	119
Hemorrhage, Pelvic.....	179
Hydrochlorate of Cocaine	195
Hydrochlorate of Cocaine in Gynecology	198
Hydrochlorate of Cocaine in Genito-Urinary Diseases.....	200
Headache-Sick	245
Hemorrhoids, Carbolic Acid in the Treatment of	260
Hystero-Epilepsy.....	326
Infant Feeding	51
International Committee, Proposed.....	150
Impacted Extra-Capsular Fracture of the Neck of the Thigh Bone	243
Kairin, Antipyretic Action of.....	258
Labor, Management of	244
Liver, Rupture of.....	321
Miscellany.....	28
"	85
"	124
"	186
"	224
"	253
"	283

Miscellany.....	319
“	342
Medical Colleges of Colorado	183
Medical Progress	203
Medical Progress—Continued	242
Management of Natural Labor	244
Micro-Organisms	289
Management of New Born Infants.....	249
Masturbation in Females.....	251
Malarial Fever Occurring in Colorado	303
Negative Pressure	10
Nutrition After Acute Fevers of Childhood	107
New Year's Greeting.....	222
New Born Infants, Management of	249
Nervous System, Diseases of, Report on	310
Needle, New, for Carrying Silver Wire.....	326
Nervous System, Diseases of	369
Over-Nutrition After Acute Diseases of Childhood	107
Ovariectomy.....	185
Opium Addiction, Treatment of.....	243
Oxyuria, Habitat and Treatment of	278
Obituary	315
“	27
Phthisis Pulmonalis.....	I
“ “	33
Private Hospitals for Women.....	13
“ “ “ “	59
“ “ “ “	79
“ “ “ “	115
“ “ “ “	225
Pregnancy, Treatment of.....	39
Pelvic Cellulitis, Three Cases of Non-Puerperal.....	45
Pleuritic Effusion, Rapid Absorption of	112
Phthisis, New Remedy for.....	120
Post-Partum Hemorrhage, Treatment of	156
Parturition, Normal.....	168
Puerperal Septicaemia.....	175
Pelvic Hemorrhage	179
Pubic Arch, Compound Fracture of	200
Quinine, Contra-Indications in the Use of	121
Quinine, A Substitute for, in Typhoid Fever	121
Rupture of the Liver.....	321

Simplicity in Prescribing.....	355
Stricture	65
Strangulated Inguinal Hernia.....	106
Skin, General Idiopathic Atrophy of.....	122
Sick Headache.....	245
Surgical Operation.....	250
Sevis's Metallic Splint.....	374
Society Proceedings	15
" "	59
" "	61
" "	74
" "	111
" "	157
" "	181
" "	219
" "	274
Turpentine in Diphtheria	121
Tonsils, The Three	140
Treatment of Post-Partum Hemorrhage.....	156
Thigh Bone, Impacted Extra-Capsular Fracture of.....	243
Therapeutics, Report on	265
" "	345
" "	363
Therapeutics (Water).....	353
Viscera, Neurosis of	7
Venereal Diseases	82
Winter in Colorado	68

ORIGINAL ARTICLES BY:

BLAINE, J. E., M.D.—Puerperal Convulsions	294
CORY, J. B., M.D.—Neurosis of the Viscera.....	7
Rupture of the Liver.....	321
COLE, SAM'L, M.D.—A New Needle for Carrying Silver Wire.....	326
DAVIS, W. H., M.D.—Stricture	65
Carbolic Acid in the Treatment of Hemorrhoids.....	260
DUNCAN, JOHN H., M.D.—Acne.....	97
ENGELMAN, GEO. J., M.D.—Private Hospitals for Women	225
Letter on Cocaine	307
FAY, W. M., M.D.—Compound Fracture of the Pubic Arch....	200
FISK, SAM'L AUG., M.D.—Negative Pressure. A Reply.....	10
GEHRUNG, EUG. C., M. D.—The Treatment of Backward Dis- placements of the Uterus	150
HAWKINS, THOS. H., M.D.—Private Hospitals for Women.....	13
Continued	59
"	79
"	114
Notes, etc.....	85
Medical Colleges of Colorado	183
Hydrochlorate of Cocaine	195
Hydrochlorate of Cocaine in Gynecology	198
Denver Items	342
HASSENPLUG, G. K., M.D.—Gonorrheal Ophthalmia	136
MAVITY, W. K., M.D.—Annual Address by the Retiring President.....	228
McMURTRIE, G. S., M.D.—Remarks on Disinfection during the Lying-in Period	263
PEASLEE, W C., M.D.—Report on Diseases of the Nervous System	310
Continued	369
Therapeutics (Water)	353
RICHMOND, C. B., M.D.—Treatment of Pregnancy,—Vomiting	39
RUSSELL, A. J., M.D.—Three Cases of Non-Puerperal Pelvic Cellulites.....	45
RIVERS, E. C., M.D.—Report on Cocaine.....	258
ROTHWELL, P. D., M.D.—Simplicity in Prescribing	355
TOPLIFF, JOS. J., M.D.—Encephaloid Cancer of the Kidney	161

TRASK, F. M., M.D.—Book Reviews	26 and 27
TIFFANY, FLAVEL B., M.D.—Local Anaesthetic—Cocaine	193
TIBBITS, GEO. W., M.D.—Report on Therapeutic Medicine.....	265
Continued	345
“	363
WOOD, L. H., M.D.—Phthisis Pu'monalis	1
Concluded	34
Atmospheric Pressure	41
Notes Upon Medical Progress.....	206
Continued	242
Micro-Organisms	289
WHITEHEAD, W. R., M.D.—Address of Retiring President of Colorado Medical Association.....	129
WINSOR, L. C., M.D.—Thomas's Private Hospital	114
Cephalalgia and Its Therapeutics	233
The Carnegie Laboratory.....	305
Cold Bath As a Prophylactic Measure.....	361
WILSON, W. F., M. D.—Exostosis of Ext. Auditory Canal.....	273
WORTHINGTON, R. H., M.D.—Malarial Fever Occurring in Colorado.....	303

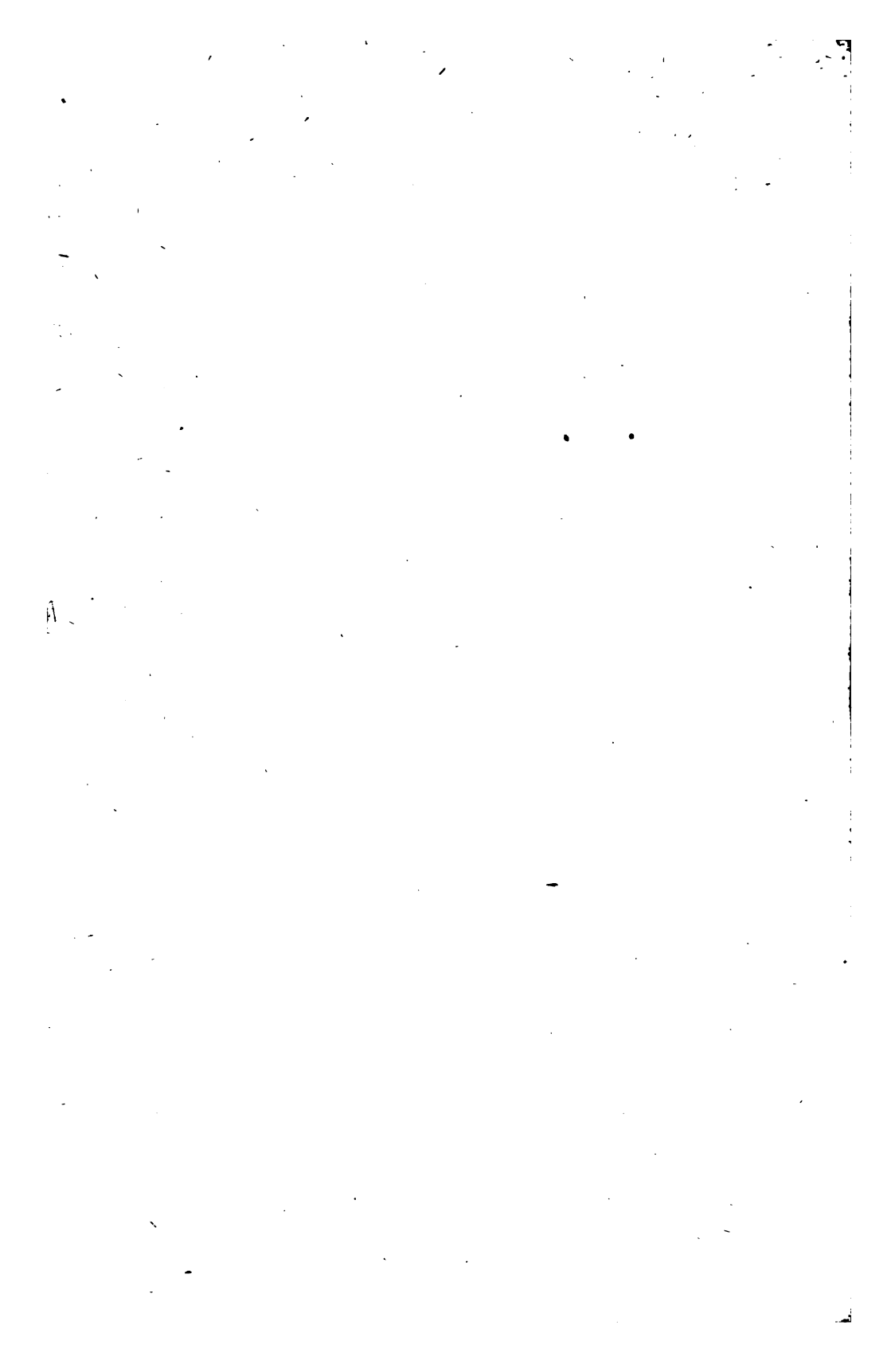
27
23
55
15
23
1
14
11
16
2
9

9
4
3
3
1
3

3

NB 708





NB 708

